

New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

VOL. XI.

NEW YORK, AUGUST, 1883.

No. 5.

ORIGINAL ARTICLES.

GELSEMIUM SEMPERVIRENS.*

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The Hughes Club of Boston has shown its inclination and ability for good practical work, by following the example of its illustrious namesake, Dr. Richard Hughes, and has placed the profession under great obligations by putting within its reach, in book form, methodically arranged, the literature of so important a drug as *gelsemium*. In orthography the nomenclature of Linnaeus is accepted, and the symptomatology is interpreted in accordance with most recent pathological research.

The introduction says "great care has been taken to keep in connection, either by repetition or plain reference, all series of symptoms, the interpretation of which would be impaired by separation." At the end of each section is placed a commentary, which is intended as an exposition of its more characteristic points in *résumé*.

The most reliable preparation is a tincture claimed to be made from the fresh bark of the rhizoma and root.

The action upon the sensory sphere is shown to be central and not peripheral; that the paralysis being almost entirely motor, its action seems to be expended upon the anterior columns of the cord, and the paralyzing influence is progressive from above downward. The mental activity, under the influence of this drug, varies from an inability to concentrate the mind to complete apoplectic stupor.

Sleeplessness seems to predominate, or the sleep may be accompanied with restlessness and dreams.

The head symptoms are apparently due to passive venous congestion, the face remaining pale until the respiration becomes embarrassed, when it becomes hot and livid.

The action upon the visual apparatus is so well described in the "Commentary" that we quote at length as follows:

"The effects of the drug are first and chiefly seen in the eyes and brows, and are among the most characteristic symptoms. Pain in the brows is one of the earliest things noticed; and this would indicate that perhaps the nervous system receives the primary impact of the drug. Giddiness, pain in the eyeballs, and dimness of sight soon appear, and the peculiar congestive effects of the drug now are becoming manifest.

"The constant reference to 'heaviness of the lids' renders this condition of the lids a prominent symptom—and, indeed, it is one of leading importance, from a therapeutic standpoint. At first there is an apparent sensation of heaviness *in* or *under* the upper eyelids. This soon increases, and the lid becomes not only heavy—more than that, for the palpebral vessels are surcharged—the lid droops, and the paralyzed muscle, finding its task too much, can with difficulty lift it, and

even, in some cases, fails to do so, and complete ptosis results. Closing the eyes gives relief, for the heavy lids find support, and the tired muscle relaxation and rest. * * *

"Giddiness is an early and prominent symptom, most often seemingly limited to the brows. Standing or walking makes it worse [some abdominal and other pains are relieved by continued motion, similar to *rhus*—A. K. H.], with staggering, and fear of the upright position, and entire freedom from mental excitement. * * *

"The retina becomes filled with sluggish blood, its vessels distended, and pressing on the terminations of the nerves, and the sensation of sight cannot be received. In these conditions the pupils are widely dilated, there is a sensation of enlargement of the head, and the breathing becomes slow, irregular, and often shallow, with full and languid pulse—all of which symptoms point to a venous stasis. * * *

"The most constant symptom here, and the one of greatest therapeutic value, is double vision. Indeed, this symptom, combined with ptosis, giddiness and pain in the eyeballs and brows, form a group of symptoms which point unerringly to *gelsemium*. * * *

"The pain in the eyes is intensified by motion, an effort being required to give motion.

"The pain in the brows and the eyes is due to effects on the third nerve; as is also the pain in the balls of the eyes through the ciliary nerves."

Of the digestive tract, the "Commentary" reads: "The yellowish-white tongue gives way in the second week to tongue red and inflamed in the middle, and tongue red and dry, quivering when extended.

"Nausea, dull pains in stomach, tenderness of bowels, rumbling and rattling of flatus, slight colic, over fullness of abdomen, yellow diarrhoea, stool of light creamy color and pappy consistency, * * * general torpor and a predominance of nervous symptoms. For the paralytic sequelæ of typhoid fever and diphtheria, *gelsemium* is a most admirable remedy." * * *

We can bear out the "Commentary" in its assertion that this drug is applicable "to hyperæsthesia of the bladder, whether this is occasioned by sexual excess or onanism. * * * Impotence and spermatorrhœa, occasioned by self-abuse, are attended by symptoms which are almost identical with those found in this proving.

"In spasmodic dysmenorrhœa and spasmodic contraction of the os uteri in labor, and threatened miscarriage, we should expect favorable results from this remedy in appreciable doses."

"Paralysis of the glottis and tongue are among the earliest symptoms produced by appreciable doses.

"This satisfactorily explains the acknowledged usefulness of this drug in post-diphtheritic paralysis of the pharyngeal and laryngeal muscles.

"In aphonia, from deficient innervation of the glottis, or in functional laryngeal weakness, * * * dyspnœa is a symptom of such frequent occurrence as to be one of the marked features of the pathogenesis."

* A monograph by the Hughes Medical Club, of Massachusetts, 1883. Boston: O. Clapp & Son.

"The nerves chiefly acted upon by this drug are the spinal accessory, the median and ulnar in the upper, and the great sciatic and its branches in the lower extremities."

CLINICAL CONSIDERATIONS.

From a clinical standpoint we find *gelsemium* of service to us in a variety of different affections. It has been found curative in cases in which hyperemia of the brain, the spinal cord or of their investing membranes has been characterized by pains shooting upward, with a sensation as of electric shocks when lying upon the back.

Dr. Searle has given us the following excellent indications: "Irritability, drowsiness, vertigo as if intoxicated, great prostration, dilatation of the pupils, loss of vision and of speech, heaviness of the eyes, dull, heavy headache mostly in the occiput, absence of thirst, crimson hue of the face, itching of head and face, pulse very feeble, trembling and weakness of limbs, often with loss of muscular power, partial deafness, nausea and vomiting, respiration labored and feeble, sweating relieves," all of which gives us a plain picture of some cases of cerebro-spinal meningitis. The headaches which are relieved by pressure on the vertex and are aggravated by pressure applied around the head, are probably dependent upon a uterine cause which this remedy promptly relieves. We also find in affections of these nervous subjects the sensation as if they must keep incessantly on the move or the heart would stop beating. That weakness of the will power which can be overcome by efforts, in which we find diplopia, hypermetropia and perhaps general muscular prostration, is best met by *gelsemium*. In neuralgia with muscular twitching, excessive nervousness, and sensitiveness to motion of the affected parts, this remedy has been found of great service. Because of its adaptability to so many cases of neuralgia, we find in the shops a nostrum composed chiefly of this drug for the cure of toothache, etc., which has become very popular with the public, and we must admit has done good service. Its reputation in post-diphtheritic paralysis has been over-estimated, I believe, and the result has been demoralization from generalization. The case which will be benefited will have not only the paralysis with its difficult deglutition, but also the tingling soreness and burning of the parts, and the shooting pains into the ear. The aphonia in which it will be found useful, we shall find accompanied with more or less neuralgia, muscular twitching, dryness and burning of the throat, and hoarseness.

It has been found useful in spasm of the glottis, with long, croupy inspirations and sudden forcible expirations; and the muscular twitching, sleeplessness and nervousness of dentition has been often controlled by it.

There is no remedy its superior in nervous chills, in colic and in diarrhoea induced by sudden emotions, such as fright, grief, bad news, and apprehension of unpleasant ordeals. In these conditions it rivals the action of coffee for the ill effects of pleasant surprises.

In affections of the male genitalia, where the organs are relaxed, and there is absence of sexual desire and great mental depression, particularly if induced by masturbation or by sexual excesses, drop doses of the tincture three times a day have speedily restored the functions to a normal standard.

We know of no remedy which more fully corresponds with many of the reflex phenomena from which some women suffer than *gelsemium*, and it will be found useful in all lesions characterized by depression from sudden emotions, suffering from anticipation of trouble, muscular twitching, neuralgia, occipital headache, with pains darting upward, and profuse spastic urine which sometimes relieves the headache. In threatened abortion and in difficult labor where the pains are severe and no progress is made, while the patient is compelled to incessantly walk about the room, is exceedingly nervous and cannot lie, one-fifth drop doses of the tincture will

at once relieve, save many a miscarriage and speed the labor at full term.

In all forms of convulsions and paralyses the drug should be studied in its totality.

Gelsemium has arisen to the front rank as a remedy in malarial intermittent, and is characterized by chills commencing in the extremities or in the lower part of the back, extending upward, and so severe that the patient asks to be held. There is no thirst, great heaviness of the whole body, and the perspiration relieves.

In typhoid and typhus, where delirium begins with sleep, and there is great nervousness and a sensation as of falling from a height, drowsy, stupid, extreme prostration, pulse accelerated by motion and little thirst, this remedy will be found most useful.

Gelsemium in three drop doses of the tincture at bedtime was found of great service by the late Dr. W. Freeman in insomnia.

GENERAL CHARACTERISTICS.

(1) Motor spasm, generally with twitching, often accompanied by neuralgia. (2) Pains extend from the periphery. (3) The sympathetic nervous system becomes especially sensitive under its action, and the after-effects of fright, chagrin and of apprehensiveness are speedily controlled. (4) Thirstlessness. (5) Perspiration relieves. (6) Sleeplessness; delirium when sleeping. (7) The climax of action occurs from 11 A. M. to 1 P. M.

CANCER—NORMAL CELLS OUT OF PLACE.*

By ROLLIN R. GREGG, M.D., BUFFALO, N. Y.

It has been long known that cancers of all kinds are the result of an abnormal growth of cells in the organ or tissue where the cancer may develop, but the last quarter of a century has probably given us more definite knowledge of the cellular structure of cancers than all that was done before.

We now have their classification into epitheliomas, or those resulting from an abnormal growth of epithelial cells in various parts, which form the lowest or least malignant of cancers; and from these we pass on through various species and grades of them, up to encephalomas, or those resulting from a growth of brain-cells in parts where they do not belong, and which are the highest or most malignant of all cancerous developments. Any and every class of natural animal cells between these two (as the lowest and highest cell structures) may and do also develop cancers in numerous instances, and have or should have their regular classification.

Well, then, it becomes important to inquire into the why and wherefore of all this, why normal cells should under any conditions produce malignancy; and see if, by finding the cause or causes of it all, we may not be able to direct our efforts in a way to avoid such developments, or arrest them in their first manifestations. To go into this investigation as is desired, it becomes necessary to lay down a few self-evident truths, which underlie and form the fundamental principles of this whole subject.

These fundamental principles are presented in the following

AXIOMS.

Disease never produced life or a living cell.

Life alone produces life.

The only tendency of disease is to disorganization and death.

It is a perversion of the forces of life in us, from their natural purposes, that produces all forms of morbid growths, whether malignant or non-malignant.

*Abstract of a paper read before the American Institute, June, 1883.

Never did anything in organic nature grow without material being furnished on which to grow.

And never could anything grow in excess of its natural proportions, without an excess of materials on which to feed.

To these self-evident truths, we must add the following fact from Green's "Pathology and Morbid Anatomy." In speaking of the cells of "scirrhous, encephaloid and colloid cancer," he says:

"Cells precisely similar to these are met with in other morbid growths, and also in the normal tissues. There is thus no specific 'cancer cell.'"

Having these axioms, and the fact of there being "no specific cancer cell" before us, let us apply them to our subject. We have said that cancers result from an "abnormal growth of cells in the organ or tissue where the cancer may develop." But thus far precisely the same thing may be said, and with equal truth, of all other morbid growths that are not cancerous. This, then, involves the necessity of a further distinction, and a clear one, if we can find it, between cancerous and non-cancerous growths.

All know that there are great numbers of morbid growths or tumors of various kinds that never show the slightest tendency to cancer; and because of that fact they are termed non-malignant; to distinguish them from cancers, which are always malignant, and that both are alike the result of an excessive growth of the cells of which they are constituted, in the part where developed. It is also a fact that precisely the same kind of cells may develop into a cancer or into a non-malignant tumor. What, then, is the basis of distinction between the two? We will soon see, and to do so will return to the epithelioma, or lowest form of cancer.

The epithelioma, as we have said, results from an abnormal growth of epithelial cells. But there is no proof that these cells are diseased in themselves to thus make the cancer, or that they are in any way different from the natural epithelial cells that constitute the entire epidermic covering of our bodies. Why, then, do they develop cancers? Simply because in the cancers which they produce they grow out of place, or grow in tissues where they do not naturally belong; and this fact of their growing out of place constitutes or causes their malignancy. This, therefore, is the basal principle of malignancy. It is a development of cells out of place.

To illustrate this branch of the subject let us descend to the simplest morbid growth that we know, namely, to the common wart, and build up from that. We must begin with the simple and rise from there step by step if we would understand the complex.

What, then, is a common wart? It is, as we all know, an excessive growth of the natural epidermic or epithelial cells, which constitute the scarf skin of the human body—this excessive growth of said cells being limited to, or concentrated upon, the narrow space the wart occupies. In other words, it is simply an epithelial hypertrophy, but occupying the place where the cells of which it is composed naturally belong, though grown in excess. And why are warts never malignant? Because of the fact that they do grow, in these cases, where it is *natural* for the epithelial cells to grow, namely, upon the outer surface of the derma, and for this reason they do not become malignant. They are in place, but simply a hypertrophied growth.

Let them, on the contrary, grow beneath the derma, or from the underside of this down into the muscular tissues, and they would then at once become a malignant growth, or a cancer. It is then an inverted hypertrophied development of epithelium.

Here, therefore, we have the clear and unmistakable distinction between all cancerous and non-cancerous tumors and between all malignant and non-malignant action. No matter how large the wart might grow it never could become malignant, or cancerous, so long as the aggregated epithelial cells of which it is constituted

are kept to the *outer* surface of the derma. On the contrary, no matter how few of them grow from the underside of the derma down into the tissues beneath, or how perfectly natural they may be in themselves, the very fact of their developing where they do not belong constitutes them a cancerous and malignant growth. An epithelioma, therefore, consists simply and only of a growth of epithelial cells out of place; in other words, an inverted wart beneath the derma.

And the same thing is to be said of encephalomas, medullary or brain cancers. They are the result of the growth of brain-cells in the eye, in the cheek, in the liver, or somewhere where they do not belong. That is to say, they are brain-cells out of place, and when so developed they always become cancerous, and the most malignant of all cancers. Why the most malignant? Because being the most highly organized of all cell-structures, or organized for the highest purposes, they create the greatest disturbance and irritation of any kind of cells when growing in foreign tissues. When grown in excess, however, where they do belong, namely, in the brain, they never cause cancers or malignancy, but only precocity of mind.

Passing on through all the intermediate cells between epithelial and brain-cells, and the cancerous developments which each may produce, the same general facts hold good. Any species of cells, no matter what, belonging in our bodies, becomes or makes cancers when grown out of place; and, other things being equal, the resulting malignancy is in exact ratio to the higher or lower order of said cells in histology and physiology; that is, to the higher or lower order of their anatomical structure, and of the functions they are created to perform.

The epithelial cells are the lowest in structure, and the least vital in themselves of all cell-structures; hence they cause the least malignant results when growing out of place, but are still cancerous in nature under these circumstances.

The brain cells, on the contrary, occupy the other extreme, or are the most complicated in structure, and created to perform the very highest physiological functions; hence they would naturally enough cause the most malignant of all developments from growing out of place.

And so it is believed that all other cell structure might be followed in a like manner, and their cancerous developments measured in their malignancy, by the higher or lower positions they occupy as organic structures, and the higher or lower offices they perform in healthy life.

* * * * *

That there must be a high state of irritation and malignant action produced by cells of any kind growing in tissues to which they are foreign cannot admit of serious question. Even an ordinary sliver in the flesh produces no little irritation, as all know, if allowed to remain, and if it were pressed in a little further, or otherwise worked with every hour, but not removed, it could not take many weeks or months for it to result in producing malignant ulceration.

So it must be, but worse, with cells growing out of place. They are living organisms—the sliver is dead, innocuous matter—and they are daily working deeper and deeper into tissues to which they are foreign; also daily dying there as they are worn out, and thus adding the putridity of their decay to the malignancy otherwise produced. Hence the malignant or cancerous result.

* * * * *

This paper next considers the "relations of cancer to scrofula," showing the connecting link between the two, and explains how it is that the cell-making material out of which the different cancers are grown comes to be in excess in the blood, to furnish food for cancers. This again brings up the important question of cell proliferation, which is considered at length.

Then follows a section discussing the question: "Why do cells grow out of place to cause cancers?" Under this head the "smoker's cancer" is considered, together with its immediate exciting cause, in the mechanical irritation of the pipe, with scrofula back of all as the remote cause, or as furnishing the foundation stone upon which all cancers are built. Following next is an elaborate discussion on the origin of cancers in other diseased conditions that are not primarily cancerous, and the relations of cancers, whatever their cellular structure, to the preceding disease. At this point the encephaloma and its origin or causes are fully considered.

Next comes the query: "What must we do to cure cancers?" A case illustrating this part of the subject is given, and other points of explanation entered upon, and the paper then closes with a short section headed "How can cancers be avoided?" and an explanation of that branch of the subject.

PROCESSES OF MASSAGE.

BY GEO. H. TAYLOR, M.D., NEW YORK.

The methods of applying the pressure-motions and the passive extensions and contractions of muscular parts, which are the principal operations of massage, admit of considerable variation; indeed, this is often necessitated by the location and condition of the parts to which these operations are applied. Besides, the degree of force applied, the extent of the motions and the order in which successive operations are employed and variations in the application of the processes will often depend on the intention of the operator and his conception of the nature of the case, in relation to effects desired. All these circumstances afford causes for varying the nature, order, and method of the processes, and demand intelligence, quick perception and practical tact on the part of the operator.

A portion of the processes to be described are applicable to all parts of the body, while a portion can be used only for the special parts to which they relate. These differences arise chiefly from anatomical and mechanical necessity. While the special uses to which massage processes are subservient must be intrusted to the judgment and tact of the operator, there are certain definite principles whose development is herein attempted which he must understand, and rules based on these which he must obey if he hopes to attain a modicum of success in his use of massage.

The most important of these rules may be outlined as follows:

1. Whatever the nature or location of the disease (which must be chronic), massage should be applied at such regular daily time as suits the mutual convenience of patient and operator. These regular applications should not be deferred or omitted for slight reasons. Irregularity is always an embarrassment to the physiological system. The occurrence of transient fever may cause an exception to this regularity.

2. Each time is occupied by a number of definite distinct *processes*, each of which is applied to a restricted portion of the trunk, or to a limb. The number of the processes and the force with which they are applied, will progressively increase to correspond with the improvement attained by their use.

Massage is by no means a continuous process, extending over the whole body. Such applications might be hygienic, but not medical. It is the purpose of massage to increase and perfect nutritive activity in special designated parts, which implies unequal distribution of its processes.

3. The commencing processes should usually be at the extremities, more frequently the lower. This corresponds to the natural habit and requirements of the healthy organism. Operations for the lower limbs

should alternate with those for the upper, the trunk being approached by stages.

The very nature of chronic invalidism implies inability to expend energy in and through its principal instruments, which therefore suffer from defective heat, blood, and nutritive activity, which the massage is adapted to restore. The trunk is treated last, and at the commencement, the least.

4. The processes should be brief, each requiring one or two minutes. This rule is imposed by the limited power of the operator, and the necessity for economizing his power. The more rapidly this power is drawn upon the less he can do, and the less will the patient be benefited. Rapid expenditure of power does not imply large expenditure—for the latter, time is required when applied by an operator.

There is, in general, an enormous disparity between the capacity of an operator to give and that of a chronic invalid to receive motion. These are made equal only by means of deriving energy from common mechanical sources, instead of that of an operator.

5. An interval of time should elapse between all processes, at least three or four times that occupied by the process—five to ten minutes are usually necessary. During this interval the patient lies in easy position, *entirely quiet*. Reading and conversation should be tabooed. This interval is not for rest, for no effort or will-power having been expended, there is no fatigue. The interval is necessary for the consummation of the effects superinduced by the preceding process.

The necessity for intervals is easily shown. A local massage process increases the blood in the part subjected to it, so that its nutritive ingredients may be applied to nutritive uses. The onflow superinduced, and the subsequent vito-chemical changes constitute a series of acts requiring time for full consummation. Limited time involves imperfect consummation of the actions inaugurated. A process quickly following prevents completion by interposing something else; the effect becomes diffused, wasted, instead of localized and completed. Processes without intervals produce only imperfect and unsatisfactory effects, at most crudely hygienic, but far from medical in their character.

Another reason for intervals of quiet is still more imperative; every process is liable, especially in new patients, to afford peculiarly agreeable feelings, implying some degree of stimulation of the nervous system. A decided break in the continuity of impression is necessary to assure the preponderance of *physical* effects contributory to general nutrition, over those shown in nervous action, which imply cerebro-spinal effects. During the intervals the nervous system subsides into repose, which implies diminished nutritive activity and lessened blood supply, while the muscular system assumes the nutritive consequences superinduced by the process.

6. The degree of force of the processes applied must be apportioned to the degrees of irritability of the different parts of the body, and must be greatest to the least irritable parts. Sensitiveness to impressions is an approximate measure of irritability. Unnatural and unhealthy irritability of diseased portions are diminished by its artificial increase by massage in contiguous and even in distant parts. Very sensitive parts should be entirely omitted in the distribution of processes in the early stages of treatment.

The proper distribution of processes is a vital point in the treatment by massage, which is disregarded only at the peril of success; but it is one which the neophyte seems determined to ignore. The first aim of the un instructed operator appears to be the part least able to bear any process whatever; and his leading process that which a correct apprehension of the case would altogether omit. The cause for disastrous failure is hence apparent; and the low estimate of the principles held by physicians who have never given them special attention, and by the public, who judge of them chiefly by their

misrepresentation in practice, is easily accounted for. It thus happens that massage is relegated to the category of hygiene, when properly understood and applied is quite as specific, as well as inclusive, as other remedies.

7. It follows that parts affected by localized disease must always be approached gradually and tentatively, so as to avoid, even indirectly, the production of disagreeable sensations. With the processes properly adjusted, the irritability and liability to local pain disappears as the local diseased organs are approached, and no other than agreeable sensations are evoked by the processes.

8. An hour or two spent in the application of the processes with their intervals, is quite sure to superinduce a feeling of and a desire for repose, which often culminates in sound sleep. This quietude, under the circumstances, is positive evidence of the following effects: preponderance of nutritive activities in the muscular sphere, diminution of the same in the nervous, improved quality of nutritive fluids by oxidation, improved distribution of the blood, and proportionate rectification of the causes, without which no disease can exist.

Advantage must be taken of this tendency to nervous quiet, and it must be freely indulged. In general, an hour or even more of absolute quiet must be had immediately following the application of the series of processes. After repose the patient's own inclination as to the propriety of exercise may be trusted. If sleep should not occur, the quiet should be maintained, the same as though it did, for it is this terminal interval that is most valuable to secure fixation of the effects of the processes.

DESCRIPTION OF SPECIAL PROCESSES OF MASSAGE.

Of first necessity is a suitable couch on which a patient may so rest as to be easily accessible by the operator at every point. It is folly for him to fritter away the strength which he intends to apply to the patient, in reaching for his work at a painful mechanical disadvantage.

The couch should be capable of raising the shoulders to any desired degree; narrow, to permit easy access to all parts of the body, limbs and feet; and should be upholstered rather hard and without springs.

1. TRANSVERSE PRESSURE-MOTION.

Position.—Lying on the back, shoulders raised. If with face downward, lying quite flat. *Action.* The operator standing beside and bending slightly over the patient, places both hands across the part to which the action is to be applied; he presses with his hands, by throwing upon them as much weight as is perfectly agreeable to his patient's feeling, always with enough to secure perfect adhesion of the clothing both to the skin and to his hands; then by one effort conjointly of his body and arms he communicates a reciprocating or to and fro motion to the soft tissues upon which pressure is made; hands, clothing, skin, flesh, all move as one inseparable mass. After three or four repetitions in one place, the hands are slid along to the adjoining part, to which a similar motion is applied, and so on till the designated portion of the body has been thoroughly submitted to the action.

Effect.—Increase of heat and of blood in the parts subjected to the action are the first and most conspicuous effects. The diminution of blood in other parts is the no less certain consequence. Diffusion of heat throughout the body follows. Nervous activity is diminished.

Another effect is mechanical divulsion. This is of the highest value in orthopedics, especially cases of stiffness of joints, rigid and fixed contraction of special groups of muscles, producing deformity. The fibres of muscular and connective tissue which have long adhered together and resisted all mechanical efforts to straighten the limb, soon become separated, pliable, contractile and

resume their function, the deformity often entirely disappearing without instrumental aid or the application of tractile force.

In case of defective development or deficient growth of an extremity from any cause, the persistent local application of massage is the only effective remedy. These two classes of local defect frequently exist in the same individual, and massage in its varied forms should be thoroughly applied. In cases which have existed for a long period, mechanical massage applied by machinery driven by some adequate power is essential.

2. LONGITUDINAL PRESSURE-MOTION.

Position.—The same.

Action.—This form of massage is like the preceding, except that the motion is applied in the general longitudinal direction of the limb and its fibres instead of the transverse or crosswise. It is therefore necessary for the operator to place himself so as to cause his motions to act lengthwise the body. Care is required to compress the flesh by the finger or the heel of the hand so as to prevent slipping; also to make short motions for the same reason.

Effect.—These are similar to those of No. 1, and this process may usually alternate with that. As the motion is in the general direction of the circulatory vessels, including lymphatics, it affords special aid to the movements of the fluids contained by those vessels.

3. CIRCUITOUS PRESSURE-MOTION.

Position.—The same.

Action.—One or both hands of the operator, as is most convenient, is applied with considerable pressure to some portion of the body, trunk or limbs.

Instead of performing a transverse or longitudinal reciprocating motion, the hand of the operator moves in a circuit, carrying under it the mass of flesh it compresses. The extent of the motion and diameter of the circuit depends on the elasticity of the fleshy mass to which it is applied. The motion should be given in each direction in alternation.

The favorite locations for applying this form of massage are the shoulders, the hips, the chest, the abdomen, and perhaps the thighs and calves.

Effect.—This motion favorably combines those whose descriptions have preceded.

4. FINGERS AND THUMBS GRASPING.

Position.—The same.

Action.—The operator applies his two hands to any sufficiently prominent mass of flesh in such a manner as to include between the opposing fingers and thumbs as large a mass of flesh as he can conveniently grasp, which is rendered feasible by the softness and elasticity of the tissues, into which the fingers slightly sink by their pressure. An effort is then made partly to close the hands so as firmly to compress the included flesh, which is momentarily held under this pressure. The hands then relax, allowing the flesh by its elasticity to recede to its former position. The same motion is repeated at a short remove from the preceding location, and the process is continued till the extremity or other region has been thoroughly subjected to the operation. The action is a modified form of pinching, with the difference that flesh is compressed, while the effect on the skin is insufficient to awaken any sensation whatever.

All portions of the body may be subjected to this form of massage. The back portions of the thighs, the calves, the shoulders, the abdomen, etc., afford excellent fields for this process. It is specially applicable to the heavy muscular masses each side of the spinous processes of the vertebrae.

Effect.—This mode of massage probably produces more immediate mechanical effects than the others described. It compels interchange of fluids, overcoming physical impediments to capillary circulation, urges forward the venous blood, favors the transudation of nutritive supplies from the arterial side of the capillaries,

and produces such forcible contact of the atoms destined to chemical change as shall secure the perfected degree of chemico-physiological action. Motion with pressure is more fully resolved into chemical effects, and the interchange between the interior and exterior of the vital cell where all vital energy is disengaged is promoted.

This form of massage applied to the heavy masses of muscle at either side of the spinous processes of the vertebrae, is an efficient and favorite mode of controlling spinal congestion (hyperemia), the constant concomitant of super-sensitiveness (hyperæsthesia). The muscular incitation the process induces renders it a revulsive means of extraordinary merit. It is also a means of great power in removing vertebral disease, even in the active stage of Pott's curvature.

This form of massage is usually inappropriate in early stages of treatment. The tissues should have acquired considerable elasticity and resisting power, by previously described processes, and those whose descriptions follow. Otherwise there may be liability to the production of unsightly discolorations in the flesh, which preliminary hardening by milder forms of the process, renders impossible.

5. FINGERS AND THUMBS POINT-PRESSURE MOTION.

Position.—The same.

Action.—The operator gathers the fingers and thumb of one or both hands to as concentrated position as possible, and applies them with strong pressure; at the same time making either reciprocating or curvilinear motions, affecting all the tissues compressed except the skin.

Modification.—This process may be performed by the heel of the hand, the fingers being elevated.

Effect.—This form of massage applied to any circumscribed location is adapted to produce those revulsive effects which diminish local pain. It is for this purpose applicable to each side of the spine, to the vicinity of the emergence of the sciatic, the facial and other nerves liable to neuralgia.

6. SURFACE RUBBING—STROKING.

Position.—Lying, reclining, sitting or standing.

Action.—The two hands of the operator are drawn with light pressure over the surface of the body. This is done in long sweeps, over the length of a limb or the body, or with shorter motions, touching the body in both the direct and the return movement, or only in one. Often only a small surface is included in the operation, which is repeated at the contiguous portion, and so on, till the whole skin has been subjected to the process.

Effect.—As this operation includes a large part of what is popularly and even professionally understood as massage, it is due that the physiological effects be stated in some detail.

The effects may be widely varied, according to circumstances, which in themselves may appear to the inexperienced as insignificant.

(a) DIRECT RUBBING OF THE SKIN.

When the hand or hands of an operator are passed over the uncovered skin, touching it but slightly, no motion is produced in the subjacent flesh and none of the usual effects of massage, as transformation of tissue, the production of water and carbonic acid, can follow. The heat developed arises from the transformation of motion, and not from chemical and nutritive changes, and is not self-sustaining.

The principal effects of the process are the consequences of traversing the nerve ends adapted to receive sensory and reflex impressions. All such impressions are instantly represented by corresponding nutritive changes in the spinal cord; increased nutritive support of the activities of the spinal centres are the direct result. The special form of the effect produced depends largely on the special nature of the impression; it may incite sensibility, or reflex action in which certain corresponding muscles participate. A part of the influence

of mechanical impressions may extend to the cerebrum, and prove mildly stimulating to the cerebral functions.

The principle of physiology to be kept strictly in view is this. The effects of the incitation superinduced by massage confined to the skin, are centered in the cerebro-spinal department of the nervous system, while the nutritive operations of the general system participate but feebly. The relevancy of such processes will therefore depend upon the question of therapeutic indications, whether it is the muscular, chemico-vital, and eliminative functions which require incitation, or the nervous functions.

It is suspected that much of the popularity of massage, even in professional circles, is based on an inadequate and somewhat deceptive foundation. The test of value is too often confined to what is perceived by the feelings, sensations and nervous susceptibilities to be the immediate effect of massage, rather than on the relations of these to the organism at large. Indeed, the therapeutic indications may be quite the reverse of the effects solicited. The feelings alone are untrustworthy when acting under special incitation, as is liable to be the case under this form of massage.

For, the exclusive use of surface processes produces the inevitable effect of increasing of the function, and therefore the substance, of the nerves, while the muscles and the tissues connected with their functions are as inevitably diminished. This effect is exactly the reverse of the needs of the average chronic invalid; at least the therapeutic indications for the remedy to be thus employed must be rare indeed.

The above consideration may be deemed unduly theoretical, but the principles stated are fully justified by practical experience. Nervous and excitable chronic invalids of various classes have, by unadvised use of skin massage, suffered serious exaggeration of all their symptoms in numerous instances. These sufferers are sooner or later driven to suspend the use of such ill adjusted processes, and perhaps to adopt instead some empirical remedy which, however, proved less injurious.

The more fortunate event is when lack of discrimination on the part of the operator prevents anything like precision in the process, and the patient received imperfectly applied but mixed processes, with corresponding effects from which but little disadvantage is liable to flow, and to which more praise than blame may rightfully belong.

Skin friction may be very actively applied, so that the amount of heat arising from transformation of motion may be considerably increased. The physical texture of the hand and the skin, which are elastic and adhesive, conduce to maximum conversion of motion to heat. The heat thus produced affects the superficial capillaries like heat applied to the surface, causing their dilatation and filling them with blood. The same effect of diminished chemical change of necessity follows, with superficial revulsion and temporary diminution of pain. It is probable also that the incitation of spinal nutritive activities may change the sensory quality of the products so that disagreeable feelings and pain are converted into those that are agreeable.

This mode of changing the quality of the sensibilities from the painful to the more agreeable, is ephemeral because not based on radical and permanent principles. For, since the expenditure is at the surface, and eventuates in nutritive changes chiefly in the sources of sensory and reflex power, it fails to secure muscular counterpoise or general oxidation, or sensibly to promote the eliminative processes, or the leading and most essential departments of physiological activity, and the pathological conditions remain virtually unaltered.

It is sometimes claimed by massage operators, and even by their patients, that electrical excitation of a

curative kind and degree is produced by the skin-massage. So far as the evidence of this effect arises from the feelings, the testimony of which is invariably appealed to, it has been above sufficiently explained, and the assumption of electricity is gratuitous. Besides, electrical science and practice does not choose moist, even wet surfaces, like the hand and skin, from which to develop either static or current electricity.

(b) RUBBING OVER THE CLOTHING.

When the hands of the operator, instead of gliding upon the unprotected skin, perform that act upon some dry covering of the skin, as the clothing, so that the friction is between the clothing and hands instead of the skin and hands, a kind of massage is produced which requires separate examination. Appropriate tests indicate the presence of static electricity, which by polarization extends to and includes the surface of the body; as nothing has been proved of either its beneficial or its injurious effects, it will here be neglected.

In this mode of applying the process, the pressure afforded by the hands is much greater than the uncovered skin permits. The process, therefore, sends a wave of motion down through the skin into the subjacent muscular and other tissues constituting the flesh. It has before been shown that mere pressure upon the skin without motion fails to excite its usual functions.

The mechanical wave thus propagated through the tissues causes displacement and replacement of the molecular constituents of all the parts subjected to the operation; and is, in fact, a mild form of muscular as distinguished from skin massage.

The process, however, results in profound effects in the nervous centres, which need to be understood. The passage of the gliding hand fails to produce distinct sensory impressions. The great sensory and reflex capabilities of the spine appear to become merged into a unit, but of too weak a character to become transmitted to the cerebrum. Whatever incitation is produced is limited to the spinal centres, and excluded from the cerebral. The distribution of nutritive support of necessity follows the incitation, and in corresponding degree the increase of spinal nutritive support is temporarily inhibitory of the cerebral; and it is this effect, manifested as quietude, to which attention is drawn.

The verification of the facts of cerebral quietude superinduced by massage, is best supplied by experimental physiology. When an individual is thus treated it is found that he becomes progressively oblivious to sensations and may fall into profound slumber.

To superinduce bodily and mental quiet by the processes described, may serve very desirable and even important temporary remedial ends; but this recourse is necessarily limited to emergencies. In this respect inhibition of special nervous function is comparable with the effects of the general and local applications of heat, previously described; or to the inhibition of cerebral activity superinduced by a variety of drugs. But like those ordinary medical resources, it has little, often no effect in advancing the health or removing the causes of the inharmony it is used merely to relieve. Neither the process nor its effect convey any lesson useful to the patient in any form, whereby his individuality and manhood are increased or at least preserved.

7. PERCUSSION.

This is the application of a rapid series of short, sharp blows to any portion of the body. The hand may be used, or a light instrument with short handle may take the place of the hand.

Percussion may be administered in any convenient position, to all parts of the body, in succession, beginning like other forms of massage with the lower extremities, avoiding, however, the back, the head, the joints and bony parts of the body. Percussion may be self-applied

to the feet in chilblains and cold feet, and even to other parts of the body.

Effects.—Percussion penetrates the tissues in the form of short motion-waves. Like other forms of massage it is the communication of physical energy contributory to physiological activities. As it brings the changing materials into very energetic contact, it is specially adapted to promote the completion of the chemical side of physiological action. We have proof of its efficacy in this direction, by the rapid development of heat the percussion causes.

The therapeutic applicability of percussion must be judged with some caution. This must depend on the relation of the incitement produced to the pathological condition.

A large amount of the energy conveyed by this process is expended in the skin, and its reflex and sensory powers are highly stimulated by the application. It therefore follows that for invalids of nervous temperament and habits, whether natural or acquired by disease, especially if associated with weak muscles, this process should in general be withheld; general percussion-massage in these cases would be liable to increase the preponderance of the nervous symptoms. Benefit would more probably be derived where the muscles are well developed but require incitation.

Wherever incitation of nervous and reflex function is required, no process is so efficacious. In paraplegia, the natural sensations and control of limbs have many times been seen to return under the use of this process. In these cases, percussion-massage should be applied to the soles of the feet, covered by the shoes.

In certain conditions of the liver, made evident by tenderness, heaviness, and fullness at its region in the right side, local percussion often produces admirable and prompt effects. Short attacks of bilious diarrhoea have many times been superinduced by the process. The standing position of the patient, and the rapid and careful percussion by the outer edge of the right hand of the operator, at the edge of the floating ribs of the right side, are the best means of securing decided and agreeable effects.

MASSAGE OF THE LOWER EXTREMITIES.

The indications for the due apportionment of the processes of massage, to secure therapeutic ends, must, in general, be based on the physiological distribution of function, whose derangement is an inseparable part of disease.

In health, the demand for and expenditure of muscular energy in the lower limbs far exceeds that of other portions of the body. The plain and direct inference is that any prolonged suspension from this natural and healthful habit, such as is enforced by a great variety of chronic affections, not merely of the limbs, but of any portion of the body, is an impediment to recovery; a wholesome and even necessary counterpoise to the activities of the upper portions of the body is diminished or lost. It follows that these upper portions, or at least some portion of them, are embarrassed by the presence of material whose fit use is elsewhere; the embarrassment is a first stage in the approach to suffering. Defective action of the limbs is repletion in other central parts, liable, if continued, to ultimate in localized disease at any unguarded and unsuspected point.

And as all use involves elimination of materials used by the act and at the point of use, it follows that the suspension of so important a part as the lower extremities involves peril to the health.

It follows that the rational mode of restoring lost equipoise of function must consist in increasing functional activity in the defective parts.

It furthermore follows that when hyperemia occurs at any point, whether it be regarded as cause or consequence of localized disease, whether it be called congestion of the head, chest, digestive organs, or any limited portion of these, the relief which all physicians seek, is

rationally found by leading the circulating blood, which bears nutritive support, to the greatest distance from the affected parts. The lower extremities are always receptive to such supplies.

The ways by which the lower extremities are physiologically connected with the remainder of the body may be summarized thus:—

1. The difficulties to be encountered by the return or venous circulation are in the lower limbs increased by gravitation. The capillary circulation, and therefore the heat of the part, depend largely on this return. This indicates that more muscular action, which is conducive of the return, is required here than elsewhere.

2. The position of the feet and legs exposes them to greater loss of heat than other parts. They are by position in a cooler air; the feet exposed to greater cooling effect of damp. The lower limbs are hence naturally supplied with stronger incentive to heat production and its associated energies than any other part of the body.

3. In locomotion the feet and legs are subjected to an intense form of natural massage; the feet are *per-cussed* against the earth or hard floor at every step; this act serves through life as a constant spur to functional activity, enjoyed by no other part.

4. The limbs not only bear the whole weight of the body, which far exceeds the work of other voluntary muscles; but all expenditures of muscular force upon exterior objects, as in work, is so much addition to the muscular expenditures of the lower limbs. When one lifts or pulls a weight, whether small or large, the whole of this exertion is transmitted to the lower limbs, which finally resist to that additional extent.

Such facts as these relating to natural use are doubtless inseparable from healthy needs. These needs are not limited to the physiological condition, but are even more imperative in those less than physiological—the pathological conditions. That medical treatment of chronic affections which takes no cognizance of elementary principles, must, to say the least, labor under embarrassing restrictions, which are certain to abridge its usefulness.

The recognition of the need is the suggestion of the remedy. It will be difficult to find another that, like the various forms of massage, is entirely adapted to increase permanently the blood and the heat of the lower extremities, to develop their muscular power, to diminish excess of both in important central organs, to increase the product of water, carbonic acid and urea, and to diminish all forms of sub-oxides, extractives, in the blood and fluids, whose presence in chronic disease is a perpetual incentive to the use of local and specific remedies of no permanent value.

THE FEET.

The feet, which have a preponderance of bony, sinewy, and therefore resisting material, and a deficiency of muscular and fleshy masses adapted to the ordinary massage or pressure-motion, require other forms of its processes than have been described.

These forms are chiefly ways of producing passive, stretching and relaxation of the tissues of the feet by calling the joint into action, and thus alternately increasing and diminishing the distance between muscular attachments.

Pressure with motion may also be obtained wherever the twisting of a part may be had. Twisting always approximates the fibres of and gives motion to the pressure to the part subjected to the processes, and is therefore true massage.

8. FOOT ROTATION.

Position.—The patient is in the reclining position, with limbs extended horizontally, the lower leg of one side resting on the lap of the operator.

Action.—The leg is maintained immovable by being grasped near the ankle with one hand of the operator, while his other hand very lightly seizes and holds the

toe-end of the foot and causes it to describe a circle as wide as the length and structure of the foot will allow, going three or four revolutions in one direction, and then changing to the opposite direction, in which it revolves as many times, being all the while strongly urged by the hand of the operator. The foot in this motion describes the periphery of a cone, of which the ankle joint is the apex.

Effect.—All the muscles of the foot, and a part of those belonging to the lower leg, are by this motion alternately stretched and relaxed independent of effort or control by the nerves. The resulting physical and physiological changes are therefore in the tissues of the limb and extend but feebly to nerve centres. The minutest components of the foot are by this motion brought into strong contact with friction. A large amount of local heat is developed with increase of blood in the local tissues, producing marked diminution of cerebro-spinal activity and quietude.

9. FOOT TWISTING.

Position.—The same.

Action.—The heel being firmly and immovably held by one hand of the operator while his other hand grasps the outer or toe-end of the foot, a twisting is given to the foot from the toe-end to the extreme limit of its capacity to receive the motion. The motion may be given in each direction alternately and repeated a dozen times, with moderate rapidity.

Effect.—The muscles, tendons, connective tissue, vessels and nerves, are alternately strongly compressed and relaxed, with gliding motion, resembling in form and effect the pressure-motions previously described, with the same consequences to the physical side of physiological activities, of which the increase of heat is the primary evidence.

10. FOOT BENDING OR STRETCHING.

Position.—The same.

Action.—Instead of the twisting, as above described, the foot may be directly bent at the ankle joint, up or down a dozen or more times in both directions.

Effect.—In all respects similar to the above as regards the foot, but stronger and more efficacious as regards the ankle joint and the muscles of the leg by which the joint is usually operated.

CLINIQUE.

HOMCEOPATHIC HOSPITAL, W. I.

SERVICE OF DR. C. A. BACON.

Reported by B. H. B. Sleght, M.D.

Case I. The patient A. D., by occupation a baker, was admitted June 27, 1883, with the following history: Last year at about the same time had an attack of malarial intermittent, of which he was promptly relieved in this hospital, with no return of symptoms until now. His complexion is sallow, tongue coated white, vegetative functions normal.

For half an hour before the chill he suffers from a feeling of prostration and yawning.

The first feeling of chill is in the epigastrium, is most severe in back, lasts an hour, and the patient feels best in a warm place.

The fever begins in the head with frontal pain, and during its continuance the patient suffers both hunger and thirst.

The headache is relieved by the perspiration which follows.

The apyrexia is complete.

The variety was quotidian and the paroxysm began at nine A. M., postponing an hour. *Eupatorium purp.*, in one-fifth drop doses, promptly cured.

Case II. Mr. N., by occupation a shoemaker, was admitted June 26, looking pale, his tongue thickly coated yellow, appetite poor, bowels costive, gums sore and bleeding. He reports that six weeks ago he had tertian intermittent, which was treated with *quinine*. Two weeks since the paroxysms recurred irregularly, but the last four have been of the tertian variety, postponing an hour.

Before the chill he complains of numbness, especially felt in the extremities, slight frontal headache and malaise.

The chill is first felt in the back and extends down the thighs. There is thirst with vomiting after drinking, with sometimes retching, and there is nausea especially after the chill.

The fever begins with headache while he is yet chilly, is long continued, and the thirst is for hot drinks. There is very little perspiration. Apyrexia free from decided symptoms, although the general health is poor.

Ipecac tinct., in one-fifth drop doses, cured promptly.

Case III. D. O., a laborer, was admitted June 29, with antepoising tertian intermittent, from which he had suffered for three weeks.

His complexion is very sallow; vegetative functions normal.

The chill is anticipated by a feeling of prostration, begins in the head, lasts half an hour, and the first one occurred at eight A.M.

Intense pain in the bones. With the fever there is thirst; the patient keeps closely covered. Coughs and is chilly again when uncovering.

The fever lasts two to three hours and is accompanied by heavy sleep.

The sweat is very profuse, thirst continues and the headache increases.

During the apyrexia, bone pains, headache and somnolence continue.

Under *eupatorium purp.*, one-fifth drop doses of the tinct., the paroxysms subsided and a few doses of *nux vom.* relieved the remaining gastric symptoms.

[We are glad to hear from the cases published in our columns last year, and for which we were criticised. The report is as we anticipated (see case I).—Eds.]

THE WHOOPING COUGH EPIDEMIC OF 1880 AT KARLSBAD, BOHEMIA.

By DR. THEODOR KAFKA, KARLSBAD.

In the spring of the year 1880, the whooping cough raged in this vicinity to a frightful extent. Although the majority of our citizens are unfavorable to homoeopathy, it was nevertheless my good fortune to cure over twenty cases of the disease, and these in children who had been long and unsuccessfully treated by physicians of the other schools.

The following is the definition of the whooping cough given by Prof. Kaulich of Prague:

"The *Tussis Convulsiva* is decidedly a contagious bronchial catarrh, with the peculiar feature of a neurotic cough, occurring in fits, the typical characteristic of these fits being, that they begin by a series of strong and sonorous respirations, followed by one prolonged and piping inspiration. This series of cough bursts is twice or thrice repeated, and is then followed by choking motions, which are often accompanied by a free vomiting of phlegm, or the vomiting may be distinct from these motions. The attacks of cough spells referred to may be called characteristics of whooping cough in considering it as a catarrh. In the succession of morbid effects the *tussis convulsiva* is divided into three stages:

1. The *stadium invasionis et prodromi*,
2. The *stadium convulsivis*, and
3. The *stadium decrementi*.

"The disease first makes its appearance with catarrhal symptoms in the conjunctivæ, the nose, and especially in the larynx. The eyes of the child run water, it sneezes frequently, coughs, and has moderate fever symptoms. In a few days the cough assumes a provoking and obstinate character, the spells coming on in quick succession, but without much expectoration. At this period, according to the observations of Letzerich, there are parasites to be found in the mucus, but this matter has not yet been fully investigated.

"In a short time the character of the cough changes, and the attacks recur at regular intervals, in a distinctly characteristic manner. The face now becomes of a bluish-red color, and is swollen, and the coughing fits increase in violence and frequency, until they number from forty to sixty every twenty-four hours. From this point they come on at rarer intervals, and are of shorter duration, the loud piping disappears, and the cough becomes similar to that of bronchial catarrh. But this is not invariably the course. The attacks, as described, may continue to the end of the disease, although less frequent, and with less vomiting of mucus. By and by this cough diminishes in intensity. Oftentimes there is nothing heard in the convulsive stage but a rattling and piping noise before the attacks. These are ushered in by a stasis of blood to the brain, indicated by a degree of stupefaction which outlasts the single attacks. Such children are then usually in a complete cyanotic condition, and sleep tranquilly. Sometimes there are hæmorrhages, most frequent at the *conjunctivæ bulbi*, caused by the energy of the lung contractions and consequent reflux of the blood; the *conjunctivæ* are also ecchymosed. If such loss of blood is considerable, the child is apt to become speedily anæmic. Bleedings from the *conjunctivæ palpebrarum* and the organs of hearing are likewise incidental to the attacks. It is noticeable that a tendency to hernia is readily developed by these attacks, while they result not unfrequently in prolapsus of the rectum, the mucous membrane of the vagina and of the urethra. We find other local effects in the respiratory organs, in the blenorrhœic stages; and there is certain to be lobular pneumonia if the catarrh of the bronchia is particularly developed. When the whooping cough is of long standing an acute distension of the air-cells of the lungs results, which exhibits the symptoms of *emphysema pulmonum*, but from a clinical standpoint this latter is not identical therewith. However, the lung vesicles may become so distended as to lose their elasticity and lead even to bursting, to an *emphysema inter-alveolare*, or to the extravasation of the air.

"In a whooping cough of long duration the dilatation of both lungs remains after the acute disease, and the respiration is hurried; but if the child is maintained in favorable conditions, the lungs recover their contractility in from three to six months, both heart and lungs resume their normal proportions, and we may conclude that the acute dilatation of the latter is disappearing.

"The duration of the whooping cough as an uncomplicated disease really depends on the character of the epidemic. If this be of a mild form, an attack may pass away in from six to eight weeks, though ordinarily it may require about three months. In children otherwise vigorous and healthy, the prognosis is relatively favorable. The fatalities in the disease occur during the asphyxial attacks, from apoplectic and meningeal bleeding, from lobular pneumonia, and from lobular pneumonic deposits."

The old school at present employs the insufflation of finely pulverized *quinine*, and the inhalation of very weak *sublimata*, thus arresting the development of the vegetations. With a proper insufflator, a dose of *quinine* can be directed upon the mucous membrane of the larynx; the irritation which urges the cough is soon removed, and a probable favorable effect may be looked for. According to the recommendation of Koch, feeble solutions of *sublimata* (1.5,000 to 1.3,000) should be used. If

the patient bears them well the strength may be increased to 1.1,000. But this remedy is liable to the defect that while it will suffice to destroy the parasites, it will also excite the coughing, and therefore cannot be used in all cases. Neurotics are also used, such as *chloral hydrate*, to tranquilize the patient. *Zinc* and *copper* are given to remove the cough irritation, but they are not of much service, and, as they disturb the gastric functions, can only be sparingly recommended. Steiner advised *brom. potass.*, but no special effect was shown. *Belladonna* was useless to the old school, because the doses they administered were too large. *Belladonna* was only of use when the symptoms of poisoning were present, such as dilatation of the pupils and scratching at the throat. Even if it succeeds in reducing the frequency of the cough attacks, a physician has no right to produce pathogenetic effects in children. We of the new school, however, gave *belladonna* in small doses with great benefit.

The first child to which I was called was a baby of seven months, very much reduced by a protracted cough, anemic in condition, and only taking the breast reluctantly. When he did drink he would be attacked by spells of coughing and vomit forth the milk. He had also infected with the disease his brother and sisters, who were sent to the mountain district near this city. All previous treatment having failed, this baby itself was sent to the gas manufactory and to cow stables, but only with the result of making the disease worse instead of better. I prescribed for it *cupr. acct.* 3x in half of a glass of water, a teaspoonful to be given every two hours, because the cramp of the glottis predominated, there were convulsive distortions of the limbs, and the attacks were followed by contractions of the flexors of the fingers and toes, indicating hyperemia of the brain. The very next day the child was much improved. I now gave *bellad.* 3x, as the child was inclined to sleep a great deal, shrank greatly from the light, and was frightened on awaking. After giving this remedy for three days I changed, on account of the bad state of the child's nutrition, to *arsen.* 3x, six drops in a half glass of water regularly for a fortnight, at which time I had the pleasure of entirely restoring it to health.

The child's mother, who is the wife of one of our chief postal officials, now brought back the other three children to be cured by me, they having grown worse in the air of the mountains. These also were completely cured in three weeks. One of them, a boy, who got blue after the cough spells, and vomited, though expectorating but little mucus, I treated with *ipecac.* 3x. Although still weak I now permitted these children to go out in the air, only giving them *drosera* 3x every three hours.

To the little daughter of an architect, who had to be kept from school on account of her whooping cough, I gave *veratrum alb.* 3x, because at every attack the child was almost suffocated, a cold sweat followed, and the evacuations from the bowels were increased. In my other cases the first stage was sufficiently met with *bellad.* and *drosera*. With a delicate child of a merchant, which showed symptoms of hyperemia of the brain and spasm of the glottis, *cuprum* again did me excellent service.

Professor Kaulich very justly observes that the victims of whooping cough should be guarded against strong variations of temperature, while if circumstances permit, a mild climate should be sought in the summer, as being less liable to bring complications; but the children cannot be taken into other districts on account of the contagious nature of the malady, and contact should be avoided with persons affected with the blenorrhoeic and nervous processes. A pure atmosphere of genial temperature is desirable for the children, when the convalescent stage has fairly set in.

A CASE OF MASTOID DISEASE PRODUCING PHLEBITIS AND DEATH.

By W. J. MARTIN, PITTSBURG.

Was called to see John S., aged about seven years, on the first of June, '83, and was given the following history of his case. He had, for some years back, a purulent discharge from the right ear, which received no attention from his parents, other than keeping the ear clean. About five weeks before I was called, the boy commenced to complain of pain in the ear, and the discharge stopped. No medical treatment was instituted; the pain continued, being not only in the ear, but also behind it, and in this latter location he complained of most pain, the parts became swollen and hot, and the auricle appeared to stand out from the head. Applications, such as poultices, compresses, etc., were used. Finally a sudden and profuse discharge of offensive smelling pus occurred from the auditory canal; the boy's neck became swollen on the side corresponding with the diseased ear, as did also the forehead and eyelids; the eyeballs protruded and congested, and the pupils dilated; the right jugular vein and the parts surrounding it were swollen, hard and sensitive; the patient was very feverish, restless and stupid, with diarrhoea, involuntary stools and micturition.

This is about the condition as I found it at my first visit. Diagnosis: Mastoid disease, discharging into the tympanum and phlebitis, with septicæmia to be expected. I found his temperature to be 103° in the forenoon. Prescribed *merc. sol.*¹² in water, a dose every two hours, and had a large flaxseed poultice applied over the affected parts, and to keep patient lying on that side.

Second Day.—Temperature about same; bowels moved more frequently; tongue still broad and soft; was very restless all night. Continued treatment.

Third Day.—Was very delirious last night; got out of bed and tried to run away; while in bed throws off the clothes and constantly handles the penis; bowels moved very often; the discharge from ear continues unabated; the swelling of neck and eyes the same; the boy does not appear to see, though he hears and comprehends. R. *Hys.*³⁰ in water, a dose every two hours.

Fourth Day.—Temp. 104° at noon. Bowels moved less frequently; other symptoms about the same. Continued *Hys.*³⁰.

Fifth Day.—About the same, but restless; more prostrated; still continuously handles penis; discharge from earless. *Hys.*³⁰.

Sixth Day.—Temp. 104° at noon; respiration oppressed; very restless; tongue dry. *Ars.*¹².

Seventh Day.—About the same; bowels do not move; respiration much oppressed; the swelling of eyes and face not changed.

Eighth Day.—He lay as though in an apoplectic condition all night and died quietly this morning.

The phlebitis, no doubt, involved the lateral and the inferior and superior petrosal sinuses, the ophthalmic and the jugular veins, and perhaps all of the sinuses at the base of the skull.

TREATMENT OF DIPHTHERIA.—Dr. Harvey M. Byrd reports (*Medical News*) very favorably upon the use of *cosmoline* and *petroleum* in diphtheria, both as curative and preventative agents. The former he administers internally, either in alternation with *lac sulphur*, or in conjunction with it, in doses of eight to fifteen grains of each, according to age, every two to four hours. The *petroleum* he applies externally. To the well children he also gives the *cosmoline* twice a day, and after considerable experience thinks it acts as a prophylactic. He has tried the same remedies in measles and whooping cough with apparently excellent results.

INTERESTING CASE OF TYPHOID FEVER, MERGING INTO CHILLS, RELAPSE, AND MEMBRANOUS CROUP—RECOVERY.

By JNO. YOUNGLOVE, M.D., ELIZABETH, N. J.

Miss D, a tall, stalwart school girl of 15, was taken sick March 18. Not having kept a careful record of the case, I desire to apologize in advance for the desultory nature of this report. The illness was ushered in by rigor, fever, loss of appetite, a clearly defined broad red streak down the middle of tongue, and a great deal of thirst.

Mar. 26—Pulse 112; temperature 101.

Mar. 28—Pulse 128; temperature 106.

After this date I was unable to take the temperature, because of either delirium or sopor, which made it unsafe to take it *per os*, and any attempt to other parts, aroused violent opposition. There were fan-like motion of the *alae nasi*, greenish alvine secretions, very strong smelling urine, desire for wine and cold and refreshing drinks. Nose, lips, mouth and throat dry. Face changeable in color; circumscribed red spots on cheeks. Lung dull on percussion posteriorly. *Febris nervosa stupida*; picking in the air; sordes on teeth; tongue dry, brown and hard and impossible to protrude; tympanites and great sensitiveness over bowels; a gurgling sound in the ileocecal region; roseola spots over chest and abdomen; lying constantly on back; all night and day very restless. This was an unusually marked symptom, perhaps enhanced by the fact that the patient was a very nervous child, to begin with.

April 2.—Profuse bleeding from nose and mouth; epistaxis on four occasions; the roseola spots changed from a red to a dark purple, especially on the neck. Hemorrhage from the bowels for three or four days, one night three times; odor exceedingly putrid and offensive. After 20 days had passed, or about April 7, the stupida let up as well as the alternating delirium, and all the symptoms improved. Anxiety relaxed; much hope of the case. But at 10 o'clock on the night of the 22d day, suddenly, without much premonition, an unmistakable malarial chill supervened. Extremities deadly cold, chattering of teeth, pain in head, restlessness and great general distress. This lasted one hour, when reaction set in with fever and sweat. The next morning patient better, but yet very sick generally. At 10 P. M. precisely another chill, but not so severe as the former. This closed the 24th day of the siege.

On the afternoon of the 25th day another malarial chill from 3 to 4 P. M.; not so severe, yet alarming in its character.

After this date no more chills. On the morning of the 26th day, found my patient better and bright, all dangerous symptoms having apparently disappeared.

I treated the malarial development of the case as follows: After each chill and during the sweating stage a single dose of *quinia bi-sulph.*, three, five and eight grains respectively for the three successive paroxysms. She therefore received 16 grains in three days. On the morning of the 27th day found case worse; a relapse of the typhoid symptoms; dull eye, leaden countenance brown, dry tongue, tympanitis, dropping of lower jaw and sliding down toward foot of bed. The two latter symptoms influenced me now to administer *hydrochloric acid* dilute in water, one teaspoonful every hour. From the first dose case improved. The medicine acted with marked power and turned the tide. By evening patient much better and continued so the next morning, but at three o'clock in the afternoon, April 10, the 28th day, there was a rise of fever and increase of restlessness, and by 3.30, heavy, croupy breathing supervened. I did not arrive on the field until 7, four hours after this new turn of affairs began. She should have had a change of remedies consonant with the new symptoms much sooner. Remained at the bedside of the patient all night. Case grew alarmingly worse until 2 A. M.,

when it held its own for several hours. The breathing like the working of a bellows, dyspnea and distress. Cough like the dry bark of a dog, then brassy; complete aphonia. The treatment during the progress of this unexpected and dangerous development was as follows: *Nitrate of sanguinaria*, *phytolacca dec. tinct.* and *bronium*, also occasionally a teaspoonful of the syrup of onions. Efforts were also made to utilize what benefits might accrue from inhalations by atomizer, also the slacking of lime by hot water, but the patient was so exceedingly restless, throwing herself from one side of the bed to the other, that not much dependence for good could be placed upon these efforts. We had not only the direct medicinal benefit of the *nitrate of sanguinaria*, but also the indirect mechanical influence which the emesis it caused produced. The croupal membrane gradually relaxed, so that early on the morning of the 29th day some of the shreds came away. Then shortly after more were removed by finger and napkin, and at 6 in the morning a long section resembling a large white worm, a cylindrical cast 6 inches in length, was pulled away in one entire mass. Then patient breathed much easier and got a little sleep.

April 12. More croupal membrane thrown off. Now although much better, still the rasping, croupy respiration did not entirely cease until the morning of April 15. Hence I did not relax vigilance in regard to the exhibition of croup remedies until the 17th. Also an occasional 3 gr. dose of *bisul. qui.*, for fear of a return of the treacherous chills.

April 22. Discharged case cured. Her voice has returned, the typho-mental obscurity has entirely cleared up and the only trouble with patient is, she thinks she cannot get enough to eat. The main remedies used in the typhoid fever chapter of the case were *arsenicum*, *phosphorus* and *baptisia*.

I have been particular in giving the general substratum of this unique case, not because any who may read this report are unfamiliar with the usual course of typhoid, but, rather, because I wished to lay a foundation upon which to erect a DIFFERENTIAL DIAGNOSIS of the different sections of the case, as follows:

Through the supervening of chills as described, some might suspect a case of *typho-malaria*. Reynolds calls this latter disease hybrid in its character, and dates it from the Peninsula campaign of the Army of the Potomac in the Chickahominy swamps of Virginia, 1862. There three morbid elements appeared to combine in causing these cases: 1. Malaria; 2. Crowd or camp poison; 3. Dietetic insufficiency. (Now, none of these three except the first could have obtained in this case.) But R. says: "According to the predominance of one or another of these etiological elements, the resulting disease varied. There is an abrupt commencement of gastric disturbance, icteroid skin, and dry tongue. Remissions tolerably distinct. The lenticular spots and sudamina and tympanitis wanting altogether."

"And the typhoid element in the case has a slower onset, less distinct remissions, more cerebral disturbance, diarrhoea, epistaxis and sometimes bronchitis." The countenance, somnolence and delirium same as in typhoid.

In *croup*, membrane most often extends into larynx. Croup leaves no scars behind. So in this case. Mucous membrane to-day clean and smooth. The exudation is on the mucous membrane. There was no foul odor of breath. Croup membrane, fibrous. No glandular enlargements.

In *diphtheria*, membrane albuminous and tendency to spread upward into nose. There are glandular enlargements. There is a thin yellow-white discharge from nose, becoming profuse and exorciating. The diphtheritic membrane may be seen in nostrils before any seen in fauces.

Again, and to conclude: Under the head of "Associated Pathology of Enteric Fever," Reynolds mentions the following diseases as occasionally associated and

commingled with typhoid: Myelitis, erysipelas, scarlatina, diphtheria, pleurisy, and last, but the most interesting from the relation it sustains to this paper, case 10, page 224, a powerful young man aged 23 who had typhoid fever and membranous croup combined, and on the 12th day the illness ended in delirium and death.

A UNIQUE CASE.*

By WM. J. BAKER, M.D., NEW YORK.

It is more in the hope of receiving than of imparting knowledge that I am impelled to relate to the Society the outline of the following case, which, in my experience, is quite unique.

The subject is a male, 59 years of age, born in New York, but has resided for thirty years in California. He has a large frame, weighing 265 pounds, full habit, florid face, dark hair, now slightly gray; cranium large, and forehead ample.

For many years past he has had but few vacations from immense responsibilities, and during the greater part of this time his social duties have been exacting. In every respect he has been a good liver.

Four years ago he had an attack somewhat similar to the one I am about to describe, preceded, however—which was not the case in the present attack—by an attack of what was pronounced typhoid fever, during which he took large quantities of *strychnia*.

On March 11, 1883, his condition was as follows: He felt, he said, that all the muscles of the trunk were stiff and sore, even when he is in repose, but to a much greater degree when he attempts any movement. Manipulation of the muscles, however, even when somewhat rough, produce no pain whatever; but the muscular effort required to cough is attended with the most exquisite suffering. He thinks, while sitting in his office, two or three days before, that he took a severe cold—he felt chilly, stiff and had decided coryza. For three days this constituted the main feature. On Wednesday, the 15th of March, he began to have "spasms of pain," which had a point of departure apparently from the spinal column, whence they would flash around the body to the median line of the chest or abdomen. The pain would sometimes traverse one side, sometimes the other, and more often both sides at once. The limit of pain upward was below the clavicles, and never extended downward below the pubes.

At first these "spasms of pain" only came on just as the patient had nearly lost himself in sleep. They were as instantaneous as a discharge of electricity, and would produce an equally instantaneous contraction into hard knots of the abdominal muscles—never of the thoracic. Both pain and muscular contraction would immediately disappear; but they produced a stiffness and soreness that remained.

These electric-like flashes or explosions had various grades of severity. Sometimes they were to such degree as would elicit from the sufferer but a slight exclamation; another well-recognized variety would compel expressions of agony that would resound through the house. These "flashes" for a few days were confined to the night time; but then they began to make their appearance through the day, especially when an attempt to sleep was made, and especially if he were on his back.

During the first three weeks the patient was almost continuously bathed in an acid perspiration. After this the perspiration became periodical in character, and in type a double tertian, occurring at about 9 P. M. and at 5 A. M., whether asleep or awake. They would appear in the midst of full wakefulness, without any immediate or exciting cause, and they would disappear in a few moments. The morning perspiration was generally followed by chilliness, and when it was profuse the stiffness and soreness of the muscles seemed to be increased.

* Read before the New York Medico-Chirurgical Society, June 12, 1883.

A prominent characteristic of the case was a most distressing cough—distressing as it would excite a repetition of the explosions of pain, though the cough was attended with pain even when there was no actual explosion. The cough was more apt to show itself in the evening; and during the periods of its exacerbation, there was an increase of the soreness and stiffness.

Over the regions covered by these explosions of pain, for the greater part of the time, there was an eruption resembling herpes zoster. It itched a little, but was not apparently a serious feature of the case.

The patient could walk about through the rooms and halls, and the exercise seemed somewhat to lessen the stiffness. It was difficult for him to gain his feet, but once upon them he could readily walk.

His appetite, during the first ten days, was good. After that it failed him, and indeed he had an aversion to food. He could generally, however, drink milk. He had, for the most of the time, some thirst, and the milk was grateful, and upon this he chiefly subsisted. In order to avoid a possible trouble from the continuous use of milk, in the way of fermentation, etc., I prescribed a teaspoonful of pulverized charcoal to be added to each pint of milk. It seemed of service, and to improve his powers of digestion.

Extending from both crests of the ilium upward and obliquely inward for a distance of about four inches, there was on each side a sore spot, which was very tender to pressure, and from which he suffered a good deal of misery upon attempting to rise from sitting. The tenderness seemed superficial and confined to the muscles.

Along the spine there were also two points of tenderness, one at the lower third of the dorsal vertebra, and one at the middle of the lumbar vertebrae.

Careful urinary examination revealed nothing abnormal.

The temperature was generally normal; it once rose to 101 in the evening. Usually it was 99 in the morning, and half a degree higher in the evening.

His mind was clear, but he thinks he has observed for some years past that he has been growing disinclined to close mental labor—soon tires. Formerly he could conduct all his large transactions with ease and genuine pleasure, and at the same time would also often read abstruse works into a late hour of the night.

For the first few days of his sickness, the patient complained of considerable headache, running from the base of the head to the forehead. That feature disappeared, but he was disinclined to mental exertion of any kind.

His tongue showed marked peculiarities. It would be clean and healthy looking, and in an hour it would be coated with a white fur. It would clear off as quickly. These changes in the coating of the tongue corresponded accurately to changes in the condition of the patient.

The patient is now better, but by no means well, though he has recovered sufficiently to go abroad.

These are the main symptoms in the case. I have hardly ventured to make a pathological interpretation of them. Behind all, I have no doubt, is *neurasthenia*—including, especially, exhaustion in certain vaso-motor nerve centres, as shown by his occasionally intensified redness of face, purple nose and periodical sweats. There is an important relationship between these sweats and some of the prominent symptoms of the case. As a consequence of this exhaustion of the vaso-motor centres, by which the inhibitory function has been impaired, there have resulted spasms of hyperemia of the spinal cord. These spasms of hyperemia were apparently momentarily or temporarily relieved by the explosions of pain which followed an influx of excessive quantities of blood to the cord.

Legros and Onimus, in 1866, made experiments on animals which resulted in showing that when the spinal cord was laid bare by removing the vertebral arches,

and the posterior columns of the cord were irritated by a scalpel, choreiform movements of an exaggerated character were produced. They inferred from these experiments that the morbid process in chorea was located in the cells of the posterior gray horns, or the fibres which connect these cells with the large motor cells of the anterior horns. The spasms of my patient were not markedly choreic in character, though bearing some resemblance to some forms of that trouble; but if irritation of both the posterior and anterior columns of the cord—by which too much blood is determined to the part—results in painful spasmodic action in certain definite regions of the trunk or limbs, is there not ground for the inference that the spasms of pain in this case were of spinal origin, and caused by hyperemia of that organ? This spasmodic determination of blood to the cord was, no doubt, aided, in an essential sense, by the enormous quantities of *strychnia* ingested during a previous sickness, but which would probably have remained dormant, but for the nervous exhaustion and cold which preceded this attack. That *strychnia* will produce hyperemia of the cord, and consequent tetanoid spasms seems to be well established. What the exact changes in the cells and fibres of the cord produced by hyperemia from *strychnia* or any other cause or causes are, seems unsettled; but pressure by the distended vessels upon the nervous elements of the cord and the nerve roots may be found to be the final explanation. Whether the hyperemia was active or passive, the symptoms which flow from these different conditions are not well enough settled to justify me in drawing positive conclusions.

I have been compelled to eliminate *anæmia* of the cord from the diagnosis from the results of many experiments by Brown-Sequard, which demonstrate positively that *anæmia* of the cord never produces convulsive movements of any kind.

Myelitis must also be eliminated, because of the absence of fever, of the usual deviations of sensibility and motion, the paralysis, the painful jerking in the extremities, and the opisthotonos, which are so often seen in this disease.

Meningitis spinalis might be associated with the trouble we are considering, yet as this is a very active inflammatory process, and always accompanied with a high grade of fever, and severe and continuous pain along the spine with opisthotonos from inflammatory contractions, it is easy to see that it must be left out. The hyperemia, however, to which we ascribe the peculiar symptoms of our case may have extended, in some transient way, to the meninges of the cord, and to the sheaths of the spinal nerves.

Sclerosis of either of the columns of the cord, *myelomalacia*, or indeed, any of the more chronic or degenerative conditions of the cord may be safely omitted from consideration, as the almost complete recovery of the patient would have been impossible in either of these conditions.

Arthritic rheumatism need not be considered, as the joints, with some very slight exceptions, were not at all disturbed; but *muscular rheumatism* presents symptoms resembling so strikingly many of the features of this case that a mistake in this direction is easy. But when we consider that the "soreness and stiffness" of our patient's muscles were largely *subjective*, that he could have his muscles manipulated freely without pain, that there was no pain on hard pressure, that the pain he complained of when he attempted to rise from a sitting posture was not in the region of the greatest soreness and stiffness when he was still, and finally that the soreness and stiffness were not characteristic of the pain in rheumatism, and was not in the slightest degree relieved by applications which usually affect the common fevers of muscular rheumatism—when we consider these things, we must conclude that rheumatism, in any common use of the word, must be abandoned in this case. The "soreness and stiffness" so persistent in the case

under consideration, can be explained, I think, by the law of *nervous irradiation*, by which pain in a large nerve trunk may be diffused from that nerve to all the fine nerve branches with which it may be anatomically connected, and by which sensations of all kinds may be spread over a large muscular surface.

We are thus driven to the only condition which, as far as we know, yields the symptoms of our case, viz., hyperemia of the cord, and perhaps its meninges, and some of the sheaths of the spinal nerves, of a transient or spasmodic character.

But before we can fully comprehend the genesis and gradual development of the pathology and the symptomatology of such a case as this, we must have much more searching and trustworthy histological studies of the diseased spinal cord than we now possess. I have merely hinted at some of the many points which will occur to you. I can only hope that some of the Fellows of this society will be able, from experience in somewhat similar cases, to throw some new light upon this complex case.

[The neurotic origin of rheumatism has been studied by many observers, and there are quite a number of cases on record similar in character to the above, which show the common origin of acute rheumatism and certain spinal affections.

The writer now has a case of acute articular rheumatism under treatment, in which the spinal lesion is well marked, and in which the "electric shocks," as they are called by the patient, are a troublesome factor, and occur when the patient attempts to sleep lying on the back. The case had been much complicated by malarial and drug influences, but is now progressing favorably under the action of *gelsemium* tinct., one-fifth drop doses every two hours.—Eds.]

GENERAL TREATMENT OF ACUTE PARENCHYMATOUS NEPHRITIS.*

BY BUCK G. CARLETON, M.D.,

Visiting Physician to Homœopathic Hospital, W. I.

The first object should be to so regulate the system that no extra work will be required of the kidneys; to accomplish this we should place the patient in bed, "at least for the first few days," in a large, perfectly ventilated room, having an even temperature of 70° F., and under no consideration should the patient be allowed to leave this apartment until all trace of albumen has left the urine, as at any time previous to this stage in the disease the slightest change in the surrounding atmosphere may cause a return of all the dreaded conditions.

They must be clothed with light, loose and warm woolen or silken garments, and while in bed the sheets must be dispensed with (the patient sleeping between blankets).

Animal food must be strictly avoided, as it throws an increased amount of urea into the circulation for the kidneys to eliminate, which if not discharged from the system will favor uræmic conditions.

Their diet should be composed principally of milk, on account of its mild and bland effect upon the inflamed kidney. Two to four quarts may be taken per day to great advantage. When patients state that milk disagrees with them, if one-half a teaspoonful of the following combination—

Sodæ bi-carb.	3 i
Pulv. acacia.	3 ii.
Sodæ chlor.	3 iv.
Sacch. alb. and lact.	aa 3 viii.

be added to each pint of milk, all indigestion, etc., will disappear. Gruel, arrow-root, weak broths, whey and calf's-foot jelly may be taken in small quantities to vary the milk diet. As the tongue becomes clean and the

* Read before the Alumni Society of the Homœopathic Hospital, Ward's Island, April 3, 1883.

general conditions improve, mutton or chicken broth, good beef-tea and oranges may be added to our dietary list, and then, as improvement advances and more latitude is allowed, small quantities of the following articles may be gradually added to the diet list, in rotation as mentioned: Rice, sago, tapioca and custard puddings, fish, especially the flounders and white, calves' feet, chicken, game, mutton and beef.

Water should be drunk *ad libitum*, as it not only quenches thirst, washes out the exfoliated epithelial cells and other foreign substances that are obstructing the uriniferous tubules, but on account of its increased volume in the circulation a larger percentage of urea is taken from the blood and eliminated. Hence, it becomes an important factor in the prevention of uræmic conditions.

If the water is not of good quality, that obtained from the Poland Springs, on account of its purity, may be substituted.

If an acid condition of the system prevails, imported Celestial spring Vichy must be drunk to neutralize this condition, which greatly interferes, if not entirely prevents, the action of our remedies; at the same time it will accomplish the results obtained by neutral spring water. *Alcohol* is only required when uræmic convulsions are imminent or present.

When stagnation of the blood in the renal circulation is threatened, relief may frequently be procured by the application of dry cups over the kidneys, followed by hot fomentations; this tends to rapidly draw off the blood and relieve the renal circulation, and by this means relieves the pain in a great degree. If not successful, full doses of the infusion of *digitalis* may be given to force the circulation by increased heart-power.

When stagnation of the renal capillary circulation is present and death of the patient is pending from an uræmic or water-logged condition, we should resort to the hot-air bath. (If this is impracticable, we may approximate by covering the patient with a number of blankets, or a wet pack.) This will tax the excretory powers of the skin to its utmost capacity and will give immediate relief; but the bath should not be continued over one-half hour at any time, and after it the patient should lie quietly in bed until the surface of the body has assumed its normal condition.

If necessary, two or three of these baths may be used in twenty-four hours, but six baths are usually sufficient to remove entirely the dropsical or uræmic condition from the most extreme case, but if not cured in the meantime by the specific remedy, its beneficial effects will disappear, and after a few palliations, our patient becoming more prostrated, anæmic and feeble, finally dies, either from exhaustion or uræmia; this may even occur while taking the bath.

Dropsical conditions may be relieved mechanically by acupuncture; this must always be done with a needle and the punctures made at a considerable distance from each other, as their close apposition, or if made with a knife, appears to favor erysipelas.

Persistent vomiting may be palliated or relieved by swallowing small pieces of ice, or by the application of a mustard poultice to the epigastric region.

Convulsions may be controlled by *chloroform*, *potassium bromide* or *chloral hydrate*. Hypodermic injections of *morphia* in full doses— $\frac{1}{4}$ to $\frac{1}{2}$ grain—are said to not only control the convulsion, but present good clinical evidence of many recoveries. Pulmonary œdema is sometimes relieved by dry cupping over the affected region.

Authorities consulted: Tyson's Diseases of the Kidneys; Dickinson on Albuminuria; Loomis on Heart, Lung and Kidney; Reynold's System of Medicine; Aitken's Practice of Medicine; Flint's Practice of Medicine; Ziemssen's Cyclopaedia; Watson's Practice of Physic; Beale on the Kidney; Pavy on Food and Dietetics; Fowne's Chemistry, and Foster's, Flint's and Dalton's Physiologies.

CLINICAL OBSERVATIONS.

DIARRHŒA REMEDIES.

Contributed by Alfred K. Hills, M.D.

Podophyllum pelt., one-fifth drop doses of the tincture made from the fresh root, with a drug power of one-sixth, is curative in cases characterized as follows:

Discharges profuse, frequent, gushing, painless, offensive, with the sensation as if each movement must be the last. During dentition there may be rolling of the head. Cramps of the lower extremities.

Aloe, one-fifth drop doses of the tincture, which has a drug-power of one-tenth, in cases characterized by a sense of insecurity in the anus, the desire for stool driving one out of bed in the morning.

Loud rumbling in the abdomen. Hemorrhoids relieved by cold.

Apis mellifica, a tincture of which is made much after the plan practiced with Spanish flies, having a drug power of $\frac{1}{10}$, in one-fifth drop doses, will be found a sovereign remedy in some very serious cases in which the passages are involuntary, offensive, painless and colorless.

The back of the head is hot, is bored into the pillow, there is little or no thirst, and the abdominal walls are excessively tender. In entero-colitis, hydrocephalus and in hydrocephaloid, particularly if the urine is suppressed, this remedy should be considered.

Argentum nitricum, in one-fifth drop doses of the $\frac{1}{10}$ solution, will be found of service when the passages resemble chopped spinach, are expelled with great force, are aggravated by eating sweets or from drinking. These patients will often be found very fond of sugar. In cases in which emaciation goes on rapidly so that the patient has the appearance of a mummy.

Arsenicum alb. is a most reliable remedy, in $\frac{1}{100}$ grain dose, when the stools are offensive, corrosive and involuntary, are worse at night, particularly at midnight, and especially in cases brought on by taking ice-cold aliment or tainted meat. There is great restlessness and anguish, and burning thirst, which is relieved by moistening the lips. There are also immediate vomiting of whatever is taken, and great burning in the stomach.

Baptisia tinctoria, half drop doses of the tincture, made from the fresh root, with a drug power of $\frac{1}{2}$, will be found of great service in enteric fever, particularly of the specific variety, characterized by complete listlessness, torpidity and indifference to everything, sometimes accompanied with the subjective peculiarity of a sensation as if the body were in twain. The tongue is coated in the centre, and the edges are red and shining. There is generally great tenesmus with the stools.

Bryonia alba, in one-fifth drop doses of the tincture made from the fresh root, with a drug power of $\frac{1}{2}$, will be found of service in cases which have been induced by sudden changes in the atmosphere or by exposure to a draft. The cases are characterized by the greatest sensitiveness to motion, the colic is relieved by pressure, the thirst is for long draughts at infrequent intervals, and the whole condition is relieved by perspiration. We have found it a sovereign remedy in cases brought on by over-fatigue from any cause. The stools are predominantly brownish in color, and are generally increased as the day wears on, frequently culminating about 9 P.M.

Camphor, in drop doses of the tincture, with a drug power of $\frac{1}{10}$, will warm up the icy-cold body and snatch the patient from complete collapse, even in cholera. Notwithstanding the cold skin, the patient cannot bear to be covered. This remedy should be used under the above circumstances when the vomiting and diarrhœa suddenly cease.

Capicum, in $\frac{1}{10}$ grain doses, will relieve cases in which there is great tenesmus, burning and throbbing in the rectum, shuddering after drinking and sensation of coldness in the stomach. There are frequently in these cases yawning and sleeplessness. Especially adapted to some cases of dysentery.

Quinine, in $\frac{1}{10}$ grain doses, is characterized by profuse exhausting stools, particularly if undigested or of blood. It is one of the best remedies in diarrhoeas induced by eating fruit. The thirst is satisfied by small quantities.

Colocynthis, in one-fifth drop doses of the tincture, of a drug power of $\frac{1}{10}$, is rapidly curative in cases characterized by cutting colic, bending the patient double, great urging, particularly after food or drink, great prostration and pallor.

Oroton tiglium, in one-fifth drop doses of the tincture, of a drug power of $\frac{1}{10}$, will cure when the discharge is yellow water and occurs with great force in one effort, and is especially induced by taking food or drink. This remedy has promptly relieved many cases of hopeless entero-colitis.

Ipecacuanha, in drop doses of the tincture, with a drug power of $\frac{1}{10}$, is characterized by nausea, vomiting, violent colic, pallor, prostration, and the stools are predominantly very green.

Magnesia carbonica, in $\frac{1}{10}$ grain doses, should be used when the discharges resemble green scum, are exceedingly sour-smelling, and there is great tenesmus.

Mercurius sub. corros., $\frac{1}{10}$ grain doses, is of great service in dysentery in which tenesmus vesicæ accompanies the constant urging to stool, and there is the characteristic perspiration, nocturnal aggravation, and the complaints occur particularly in damp weather. Other preparations of mercury should be studied differentially.

Muriatic acid should be borne in mind in specific enteric fever.

Nux vomica, in $\frac{1}{10}$ grain doses, should be thought of in cases following debauchery, from indigestion, characterized by the ineffectual desire to stool, and worse in the morning after 4 o'clock. They are often accompanied by vertigo and excessive nervousness.

Opium, in one-fifth drop doses of the tincture, is especially useful in cases induced by fright, and in which there is great apathy, or the patients seem terrified. The discharges are offensive and often involuntary.

Rheum, in drop doses of the tincture, with a drug power of $\frac{1}{10}$, is useful in sour-smelling diarrhoeas, with colic, tenesmus and restlessness.

Sulphur, in $\frac{1}{10}$ grain doses, will be found of great service in diarrhoeas which drive the patient out of bed in the early morning and are painless, but offensive. They are often accompanied by sinking at the stomach, as if food must be taken, great thirst, cramps, offensive odor from the body, prostration and either excessive appetite or none at all.

Veratrum album, in drop doses of the tincture, with a drug power of $\frac{1}{10}$, will be found of great service in profuse discharges, generally with pain, when there is great exhaustion, cold perspiration, cramps, and the skin remains in folds on being pinched. It should be thought of especially in cholera, and its action compared with that of *camphor*, *sulphur* and others.

REPORT OF A CASE OF ACUTE MANIA.

By J. MARTINE KERSHAW, M.D., ST. LOUIS, MO.

The subject was a young lady of education, refinement and more than ordinarily accomplished. She became maniacal at ten o'clock at night and rushed out into the darkness, and several squares away from her home ran into a grocery store and commenced making phrenological examinations of the heads of the strange men in the place. She was taken home a raving maniac. She neither ate nor slept, but talked incessantly of sexual matters and of being associated with Jesus Christ in reforming the world. She passed her feces in bed, and was greatly pleased at being able to give her friends so much trouble. She talked of God and heaven one minute and swore like a pirate the next.

She sang the "Wacht am Rhein" and "Star Spangled Banner" and other pieces, and then would immediately fall to babbling of all sorts of things, bearing no relationship whatever to one another. The administration of *hyoscyamus* seemed to help her, but she finally died a few weeks after the first symptoms of insanity were observed.

TREPANATION FOR DELAYED SEQUELÆ OF A FRACTURE OF THE SKULL.—M. Polaillon (*Le Prog. Méd.*) read a report of M. Silvestrini in relation to a young man who had been kicked by a horse and the skull fractured in the left fronto-temporal region. Two months later he had right hemiplegia, with convulsive paroxysms of the members of the same side. The hemiplegia lasted fifteen days. Seven months after the accident cephalalgia appeared, together with convulsive movements of the right half of the body. There was also right hemiplegia, with interior facial paralysis of the same side, and aphasia. M. S. diagnosed a hematoma compressing the left cortical motor zone of the brain, and resorted to trepanation. M. P. thought that proper regard had not been given to certain accidents possible in these forms of fractures, viz., inflammation of the brain at the point of injury and the slow formation of an abscess in the substance of the brain. Although amelioration had followed the operation, it was temporary, for the patient succumbed to an acute suppurative meningitis. The autopsy showed the existence of two abscesses, one in the cerebral substance, located at the foot of the ascending frontal convolution, and the other above the lower extremity of the fissure of Rolando. According to M. S. these abscesses were recent, but M. P. found a relation of cause and effect between them and the symptoms above given. The case is interesting, as furnishing another favorable element in the doctrine of cerebral localizations.—(T. M. S.)

CYANIDE OF MERCURY IN PAPILLARY ATROPHY.—M. Galezowski (*Le Prog. Méd.*) has several times succeeded in curing papillary atrophy of a syphilitic nature, by injecting under the skin of the temporal region a gramme of distilled water containing a solution of 0.005 gr. of cyanide of mercury. The injections are to be repeated daily, but the dose should not exceed 0.01 gr. of the mercuric salt, or an intractable diarrhea may result. The double cyanides of gold and potassium, or silver and potassium have also given relief in the papillary atrophy of ataxics. M. Rabuteau thought the efficacy of the prescription was in the mercurials and that the cyanide was an inconvenience in limiting the dose. As to the double cyanides their instability was well known; they decompose rapidly in the organism. M. G. replied that *a priori* chemical theories proved nothing when opposed to clinical observations.—(T. M. S.)

NICOTINE POISONING IN A CHILD.—A three-year old boy was brought to the Vienna hospital with the following history: For two days the child had suffered with attacks of choking and uncontrollable vomiting, constant restlessness and sleeplessness, frequent attacks of syncope and trembling of the hands and feet. Nicotine poisoning was denied by the father, since he did not use tobacco in any form. Further investigation showed the child to be fond of blowing soap bubbles and that two days before he had used a pipe stem instead of the usual stalk of straw. Attention was called to the possible danger of allowing children to inhale, in sport, the smoke of a pipe or cigarette.—*Journ. f. Gesundheitsacht.*—(T. M. S.)

WATER AS A LABOR PREPARATIVE.—Dr. J. A. Gann, of Wooster, Ohio, recommends the hot sitz bath as a most efficient means in tedious labor, especially where the tissues are hot and dry, and the pains inefficient.

TREATMENT OF SOFT CHANCRES AND OF BUBOES BY SALICYLIC ACID.—The efficacy of *salicylic acid* in the treatment of soft chancres and of buboes appears to us to be unquestionable. While not an absolute specific, it is, in our opinion, capable of being most advantageously employed.

Odorless, only slightly painful in its application, soluble in alcohol and in glycerin, and leaving no stain on linen, it is preferable, in these important respects, to most other agents employed for the cure of the above-named affections, while perhaps inferior in certain other particulars to some among its rivals.

It may be resorted to in all cases, and is equally available in private and in hospital practice.—Autier; *Th. de Paris (Jour. of Cut. and Ven. Dis.)*

OSTEOTOMY AND TENOTOMY IN THE TREATMENT OF CONGENITAL CLUB-FOOT.—At the meeting of the Académie de Médecine, held Sept. 19, M. Jules Guérin read a paper on this subject, of which the following are the conclusions:

1. Tarsotomy, the ablation and resection of the tarsus to remedy club-foot, even when of the most serious character, is an operation which should be discarded as one of the most unjustifiable abuses of surgery.

2. This method results in a dangerous and useless mutilation of the foot, and should always be supplanted by the more scientific methods of tenotomy, syndesmotomy, massage, and orthopedic apparatus.

3. Even in cases of inveterate club-foot in the adult, this method is not preferable to attempts to overcome the deformity by appropriate apparatus.—*L'Union Médicale (Med. News)*.

EFFECT OF STRYCHNINE UPON DILATATION OF THE HEART.—Professor Maragliano formulates the results of the exhibition of *strychnine* in cardiac dilatation as follows: 1. In one or two days the size of the heart was reduced, and in five or six days very considerable dilatations were caused to disappear. 2. If, immediately upon reduction in size of the heart, the *strychnine* were withheld, the dilatation was frequently reproduced. 3. The daily dose of *sulphate of strychnine* required was from $\frac{1}{8}$ to $\frac{1}{10}$ of a grain.—*Memorabilien*, Nov. 15, 1882.

FRIGHT AS AN OXYTOCIC.—Dr. Englemann says that among some Indian tribes the following oxytocic remedy is employed: in a case of slow labor the patient is brought out on the plain, and a noted chief of the clan, mounted on his swiftest steed, with all his war paint and equipments, charges down upon her at full speed, turning aside only at the last moment, when the patient expects to be pierced through the body and trampled under foot. The alarm caused by this proceeding is said to have caused the immediate expulsion of the child.

CANNABIS INDICA FOR EPISTAXIS.—Dr. W. G. Maxwell, of Still Pond, Md., states in the *Maryland Med. Journal*, that he has had nine cases of profuse epistaxis (where plugging the nares seemed to be the only alternative) that were checked by Indian hemp in from three to twenty minutes, nor was there a recurrence of hemorrhage in a single case. He uses the tincture in ten to twenty drop doses, repeated every five or ten minutes. The *cannabis indica* was used alone in these cases.

ARCTIUM LAPPA IN RHEUMATIC INDICATIONS.—*Arctium lappa*, according to a proving made by Dr. Mercer, of Chester, Pa., causes and cures pains in hands, knees and ankles, extending from their several origins downward to fingers, toes, etc.; pains in all the joints. He has used it in rheumatism with success.—*Hahnemannian Monthly*.

ANGINA PECTORIS SUCCESSFULLY TREATED BY SCULPTOR'S CLAY.—Having perused Dr. Sokoloff's article (see *London Medical Record*, April, 1882 p. 144), Dr. Masalitinoff (*Vratch*, 1882, No. 11) resolved to try the same method in a severe case of angina pectoris of four years' standing in a patient aged twenty-two, suffering from old post-rheumatic insufficiency of the mitral and aortic valves. Of late, the anginal paroxysms appeared two or three times weekly, always at night, returning in from two to four hours, lasting from fifteen to sixty minutes, and preventing the patient from sleeping. *Quinine*, *amyl nitrite*, *arsenic*, *valerian*, etc., entirely failed to relieve the agonizing pain. Dr. Masalitinoff ordered the application of cakes of moist sculptor's clay to the cardiac region twice a day. From the very first application, the patient felt greatly relieved, slept soundly during the night, and on the next day no trace of pain remained. At the end of three weeks the patient remained entirely free from any cardiac pain; he was now scarcely recognizable; he became strong, cheerful, and gained in weight. The author used home-made sculptor's clay in this case. He took finely ground *plaster of Paris*, and moistened it with water, thus making a soft paste, which he spread on a piece of linen and applied to the painful region.

IODOFORM IN DIPHTHERIA.—For nearly a year, under the direction of Professor Leichtenstern, physician in chief of the Cologne City Hospital, all the patients in this institution suffering from diphtheria were treated with *iodoform* alone; cleansing injections with unmedicated water being the only local or internal medication used besides. First, *iodoform* triturated with *amylum* was insufflated; then the dry powder alone was put by a brush upon the membranes. Later these methods were dropped, and instead of them *iodoform* with *collodion* 1:10, brushed six times daily over the diphtheritic exudations, the latter having each time been previously totally dried with a linen rag. Sometimes a solution of 2.5 in 2.50 *sulph. ether*, and 5.0 *tolu balsam*, was made use of. The splendid results gained—of 213 cases only one death by laryngeal diphtheria—should induce far more extensive trials with this drug.

COMPRESSION OF THE AORTA IN POST-PARTUM UTERINE HEMORRHAGE.—Dr. Wilmart, of Brussels, relates in the *Presse Méd. Belge*, a case of atonic uterus, in which, after the rapid completion of delivery by the forceps, alarming uterine hemorrhage set in, which reduced the patient to a moribund state. Having administered *ergot* in vain, he had recourse to the application of pressure by means of the fingers between the third and fourth lumbar vertebrae, the patient being placed in a position with her head downward and her feet uppermost. The compression of the aorta had to be maintained for a long period, every removal of the fingers being attended by a recurrence of the hemorrhage, but eventually the compression, aided by *ergot* and brandy, proved completely successful.

BELLADONNA POISONING TREATED BY BROMIDE OF POTASSIUM.—Dr. Dorf (*Pacific Med. and Surg. Journal*) reports the case of a child two and a half years old, who was poisoned by *belladonna*. *Opium* alone apparently being without effect, eight grains of the *bromide* were given every half hour. After taking thirty-two grains the child became quiet and went to sleep. In a few days she was entirely well.

ATROPINE IN EARACHE.—In the earache of children, a drop or two of a solution of *atropia sulph.* (strength, two grains to the ounce of distilled water), instilled into the ear and then covered with cotton, will almost surely stop the pain at once. Repeat, if needed, in ten or fifteen minutes. For adults a four-grain solution is preferable.

New York Medical Times.

A MONTHLY JOURNAL
OF
MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

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Business Communications should be addressed "Publishers, 526 Fifth Av.," and Checks, etc., made payable to the NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

WM. B. WOOD, M.D., Business Manager.

NEW YORK, AUGUST, 1883.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

ASIATIC CHOLERA.

To those who remember the invasion of our shores in former years by one of the most dreaded of all forms of pestilence, the fact that it has broken out in Egypt and China, where it shows its usual fatal character, produces an apprehension that it may reach us this summer. Much alarm is felt in France and Spain, and Mediterranean ports are closely quarantined. The cholera has usually come to us through Europe, brought over by passengers from England or Hamburg. The ample warning we have had, and the fact that the disease has not reached Europe, give us strong hopes that we shall escape it altogether. Fatal as the disease often is under any treatment, it is an interesting fact that *camphor*, the remedy which has proved the most efficient in the hands of all schools, was first pointed out by Hahnemann before he had seen a case, reaching his conclusions from a comparison of the pathogenesis of the drug with the symptoms of the pestilence reported to him by eye witnesses from India. The practical results of Hahnemann's reasoning were a strong argument in favor of the correctness of the principle on which it was founded. So rapid is the progress of this disease, that we have seen patients succumb to its influence in three hours from the first symptoms. In such cases, of course human skill is powerless. We believe our Boards of Health and guardians of ports of entry are fully alive to their duty, and the impulse to preventative measures to protect us from this terrible scourge may, through the increased cleanness of our streets, and the greater care given to emigrants, relieve us from other troubles almost as much to be dreaded.

LICENSE TO PRACTICE MEDICINE.

We have just received from a valued correspondent a copy of a proposed Act of Legislature, which provides for the appointment by the Regents of the University of the State of New York, of a board of nine examiners, three of them to be of the Homœopathic School, and one of the Eclectic, and none to be connected with any medical college. Anyone after a certain date desiring to enter the practice of medicine in this State, must pass this Board, and on applying for examination must present a diploma of some regularly chartered medical institution.

The TIMES has contended for a State Board of Examiners, but the plan proposed by our correspondent seems to be in every way objectionable. By recognizing in the formation of the Board different schools as distinct organizations, and permitting the student to elect in which system of practice he shall be examined in *Materia Medica*, therapeutics and practice of medicine, we keep up the distinctive lines, the antagonisms and bitterness which have disgraced the profession in the past, and keep alive that spirit of sect against which such an earnest protest is now being made.

We are confident men can be found whose broad culture and liberal views, scientific attainments and sense of honesty would be a sufficient guarantee for a perfectly impartial examination, in which the written record of the student would show a fair understanding of the principles of medicine, not of one school, but of all. This equality of examination, by placing all upon the same ground, would do more than anything else toward breaking down sectarian walls and clearing away the antagonisms which often arise from misunderstanding. We earnestly urge now as heretofore, such a board of examination, as perfectly fair to all and every way for the best interest of the profession and the public.

BROTHERS, LOVE ONE ANOTHER.

Dr. Alfred C. Post, Emeritus Professor of Surgery in the University of New York, has been formally requested to resign from membership in the American Medical Association on the ground that he has signed a paper stating that he is opposed to the present code of medical ethics of the American Medical Association. Dr. Post must feel badly at being called upon to resign his membership of an association, the majority of whose members were being spanked in their nurses' arms after he had reached distinction in his profession. If they can stand this folly we presume they will follow it by some other equally asinine performance.

When it is understood that Dr. Post is Emeritus Professor of Surgery and President of the Faculty of the N. Y. University, and that the newly elected President of the American Medical Association, Dr. Flint, Sr., and his son Dr. Flint, Jr., are the great apostles of the code, bearing upon their atlantean shoulders Bellevue Hospital Medical College, the modesty and good taste of the transaction will be perfectly apparent.

IN CHARITY'S NAME.

We are glad to observe that the press has taken hold of the charity business—for that is what it has come to be in some instances—and we may expect exposure, at least, of many of the abuses. The *Herald* says:

"There is not a dishonest occupation in New York more safe from exposure, or whose followers in case of exposure are more sure of immunity, than the bogus charity business. Charity has become a profession among us which, like the medical profession, is fit to be practiced only by honest men, but which is, unfortunately, followed by a large number of quacks.

"When it is remembered that there are over two hundred charitable societies in this city, each with its large circle of patrons and its large circle of dependents, one may see how necessary it is that they should be well scrutinized and held in check by some controlling power. They are not so held in check to-day. The Charity Organization Society has for one of its objects the exposure of undeserving institutions, but it has no power beyond that. The newspapers can do as much or more. The State Board of Charities is given authority to examine any incorporated charitable society at its pleasure, but if it comes to a question of prosecution it must call in the Attorney General. Not long ago the State Board asked the Attorney General to commence proceedings against a certain institution here to deprive it of its charter. The Attorney General replied that if the State Board would collect the evidence he would proceed. As the Board had no money for the purpose the prosecution was dropped and the institution afterward came into disagreeable notoriety for the abuse of its inmates. The *Herald* has repeatedly exposed some of the more conspicuous charity frauds, but somehow they manage to pull through the temporary adversity which exposure brings upon them and find new dupes to contribute to their support or wheedle the old ones with new devices.

"What is needed is some power to drive unworthy societies out of existence. We need more stringent laws regulating the incorporation of charitable societies and their conduct after incorporation. Authority should be given to the State Board of Charities or some other board, not only to investigate, but to prosecute the rascally men and women who serve their own ends in what should be the whitest livery in earth or heaven. Worthy societies need have no fear of stern laws, and if the real friends of charity would devise the necessary provisions for the protection alike of the honest poor and the generous rich there should be no difficulty in securing their enactment."

The State Charities Aid Association, although terribly handicapped in its work by its necessary dependence upon politicians for its wherewithal, has done excellent work, as shown by its published reports.

We regret to say that the management of hospitals and dispensaries needs investigation as well as the rest. Not long since the public confidence was shocked by the report of cases of ill-treatment and the theft of valuables in one of our city hospitals, and we trust that the matter will be probed to the bottom. We think that there is not that supervision exercised over the internes of hospitals by attending physicians which there should be, not only for the good of the patients, but also in justice to the interne. It should be borne in mind that most of these gentlemen are recent graduates, with little or no experience, and the object in taking such positions is to gain experience. They are anxious for the advice of the experienced, and if those whose duty it is to look

after such matters fail, we must expect an impaired service. When a physician accepts a position upon the staff of a hospital, he morally, at least, binds himself to give his best service, and if he cannot do this, he should resign and give way to another who will. Many of our great public hospitals are thus shamefully neglected by their attending physicians and surgeons, the main object of many of these visitors seeming to be to register their names and get away as soon as possible. We have no desire to complain of the service which internes give, for generally it is most excellent and always the best they know, but they have a right to the assistance of the members of the medical board in whose service they have enlisted, and the powers that be should see that they are not defrauded.

It seems as if there must be something wrong in the medical care of an institution in which 494 out of 1,578 die, as was the case in the Foundling Asylum; none but physicians could judge of this, and it should be investigated!

"The death rate in the principal penitentiaries or prisons in the country furnishes a notable feature in the report of Dr. Gill, of the Illinois prison, the variations in the different institutions being almost incredible. Thus, among New York prisons, while at Sing Sing the yearly deaths from one thousand inmates number, as stated, a trifle less than seven, at Auburn it is given as twelve, and at Clinton over twenty. The lowest rate named is three in Wisconsin, and the highest seventy-seven in Mississippi. The practice of 'letting' convicts for works on mines and railroads is declared to cause fearful death rates in several Southern States, but, on the other hand, the New Hampshire figure is forty eight. The rate in Massachusetts is given as fifteen, in Maine the same, in Vermont twenty-five, and in Connecticut fifteen. Pennsylvania has six in the western and fourteen in the eastern district."

The out-door relief or dispensary service in many instances is anything but what it should be. Here we find the merest tyro practising upon poor sick people *ad libitum*, without supervision, and many times the patients would be much better off without medical treatment at all.

A sample of the ambulance service comes to us in a daily print as follows:

"A sample of what young ambulance doctors call 'slight injuries' is furnished by the returns from the eighth precinct. The record reads:

"At 12 15 A. M. Ann Mullen, aged forty years, of No. 535 Greenwich street, fell from the yard into the cellarway. She was treated at her home by the ambulance surgeon, who pronounced her injuries slight."

"At 2:50 A. M. Ann Mullen died from her injuries."

There is no way to improve this condition of things but through more careful supervision by competent and experienced medical men, for none other can appreciate all the circumstances and act judiciously.

COUNT DE CHAMBORD'S ILLNESS.

The case of Count de Chambord is one of a class which every physician meets more or less of. These cases of catarrhal inflammation of the stomach and bowels, which sap the very vitals by cutting off the nutrition just as it would enter the system, are serious,

and sometimes quite out of the possibility of conquering before the patient collapses from inanition. As it is a question of getting the nourishment into the system where it can be appropriated, it becomes us to make use of the various digested foods, and rectal alimentation sometimes affords the greatest chance of success.

BIBLIOGRAPHICAL.

THE AMERICAN HOMŒOPATHIC PHARMACOPEIA. Second Edition. Thoroughly revised and augmented by Joseph T. O'Connor, M.D., lately Professor of Materia Medica and Toxicology, and formerly Professor of Chemistry and Toxicology in the New York Homœopathic Medical College. Compiled and published by Boericke & Tafel. New York, 1883.

This enterprising firm, in publishing a new edition of their Pharmacopœia, have succeeded in furnishing a handsome, well-printed volume, which prepossesses one in its favor before he examines its contents.

The work seems to be based on the German work of Schwabe, to which is added an abridged description of the drugs and chemicals, after the style of the United States Dispensatory.

The first noticeable feature we find is in the publisher's preface, where the framers of the English Homœopathic Pharmacopœia are criticised for their innovation into the time-honored custom of guessing at the strength of a preparation, by their effort at starting a reform in the manufacture of the mother tinctures, to make them of the same and uniform strength.

While it may not be the best method to make all the tinctures of the same strength, it is undoubtedly the correct thing to know the strength of the tincture one is prescribing, and very often necessary to have it always the same strength. In Hahnemann's time very few of the active principles had been isolated from drugs, and then it was impracticable to get at a uniform standard for the tinctures; but in our time, when accuracy is comparatively easy to attain, and when the average physician is not content excepting to work out and watch the effects of his remedies for himself, a declaration like that made by the publishers in their preface to this book hardly seems compatible with the progress therapeutics and pharmacy are making every year, when innovations into the old and incomplete processes are placing American pharmacists at the head of the world by reason of their aptness in comprehending and adapting improvements in the line of pharmaceutical science; and this idea of a standard strength would seem more easy of attainment in homœopathic manufacture, where the work of making the mother tinctures is centered in a few leading houses.

The idea of holding that the strength of a tincture made in Germany, by the same process as that from a plant grown in France, even if it has the same botanical origin, where the difference in the character of the soil may make it richer in fibrous matter, or in active principles, or of separating a whole variety of roots into a class, and making it a law that when one part of the pounded root is mixed with two parts of alcohol and expressed, the product will be in all or any case, one-sixth of the medicinal strength of the root, is rather too much for an educated medical man to appreciate.

The credit for using tinctures prepared from the green plant is due to the class of practitioners for whom this Pharmacopœia was published, and their use will be largely spread when they are made, in such a manner as to gain the confidence of physicians, not only in their character, but also in their uniformity of strength.

The word Pharmacopœia suggests a compilation of the names of standard drugs, formulas and tests, the

correctness of which is founded on the knowledge and experience of the representative men in the profession which authorizes its circulation as such. It is a rather difficult and delicate matter for us to review the work of a single firm, based on their own ideas, when the word trade-list would seem more apt for the book under consideration, than the broad and comprehensive word Pharmacopœia; and while there is good reason to compliment both the reviser and publishers of Boericke & Tafel's "Pharmacopœia," we would only feel justified in recommending the work as a book of reference to the practitioner who follows the traditions of Hahnemann without regard to the steady march of improvement, not as a standard book for the student whose knowledge should be founded on the results of the latest scientific research.

The descriptions are clear and concise, without any waste of words to convey the intended meanings; the subjects are admirably arranged in alphabetical order, and the appended formulas and tables are a useful addition, the whole being supplemented with a complete index.

The seventh volume of *The Sanitary Engineer* include the twenty-six weekly issues from December 7, 1882, to May 31, 1883.

Among the articles of permanent value in this progressive serial may be mentioned "Letters to a Young Architect on Heating and Ventilation." By Dr. J. S. Billings, U. S. A.

Illustrated descriptions of the sanitary arrangements in several residences.

"The New York Water Supply;" a series of articles on the suppression of waste of water, giving the experience of European cities in attempting to deal with this problem, the practice now in vogue there, and the situation in American cities. These articles will be found of great value to water-works authorities and all who are interested in this question.

"Atlantic Coast Resorts." A Report by E. W. Bowditch, C.E., to the National Board of Health.

"How the Plumbing Law is Enforced in New York."

"Germs and Epidemics." By Dr. John S. Billings, U. S. A.

"Malaria" (a series). By George M. Sternberg, Surgeon U. S. Army.

There is also the current information of the operation of the food adulteration laws; record of rulings and prosecutions, and copies of laws; the weekly and monthly mortality table of the principal cities of the United States, together with a large amount of home and foreign health notes; carefully prepared reviews of the reports of health officers, and the current sanitary literature, and a great deal of other matter of interest to all, but especially to the student of sanitary science.

Bound in cloth, with Index, \$3.00. Postage, forty cents.

The North American Review for August opens with a very spirited discussion of the subject of "Moral Instruction in the Public Schools," by the Rev. Dr. R. Heber Newton, who offers a practical scheme for conveying ethical instruction without reference to religious tenets, and the Rev. Dr. Francis L. Patton, who maintains that the Bible must be made the basis of all moral teaching. "Woman in Politics," by ex-Surgeon-General Wm. A. Hammond, is a caustic discussion of certain facts of nervous organization which, in his opinion, render the female sex unfitted for participation in public affairs. Hon. Francis A. Walker reviews "Henry George's Social Fallacies," criticizing in particular his doctrines regarding land tenure and rent. Charles F. Wingate writes of "The Unsanitary Homes

of the Rich," and there is a joint discussion of "Science and Prayer," by President Galusha Anderson and Thaddeus B. Wakeman, and a variety of other interesting matter.

CORRESPONDENCE.

OUR LONDON LETTER.

MESSRS. EDITORS:—Homœopathy has again to mourn the loss of one of its great ones. The name of Dr. Francis Black, who passed away from us during the last week of May, is known wherever homœopathy is known. He was in the 64th year of his age at the time of his death. Though he had retired from practice some years previously, from delicate health, he still took an active part in all that concerned homœopathy; he was engaged in work for the Hahnemann Publishing Society till within a few months of his death, and he held the office of Treasurer of the British Homœopathic Society when he died. The cause of his death was malignant disease of the intestines. He was born in Bombay, educated at Edinburgh, where he graduated M.D. in 1840, and where he commenced the practice of homœopathy in the face of great opposition. He read a paper before the Royal Medical Society of Edinburgh on homœopathy—an act of no ordinary courage—which created a sensation at the time, still remembered by some of our seniors. He was for some years co editor of the *British Journal of Homœopathy*, and his monograph on *arsenic*, published by the Hahnemann Publishing Society, is well known. I believe other work of his of the same kind is nearly ready for the press, and will shortly, I hope, see the light. Dr. Black was a physician of the highest order, and a man of the nicest honor. He won affection and respect from all with whom he came in contact; and he has left behind him a memory and an example which are precious possessions and the best consolation to the body who now mourn his loss.

The British Homœopathic Society held its concluding meeting of the session on June 21. No agreement has yet been come to as to the work in the revision of the *Materia Medica*. The first specimen presented, *aloes*, was not satisfactory to all parties; *aconitum* was not more successful, and now the acids do not prove themselves to be what everybody wants. The fact is, in any presentation of the *Materia Medica*, the difficulty is not so much to please all parties, as to please any party. No man will quite agree with any other man as to what ought to be retained, and what struck out. The way out of the difficulty has not been discovered yet. Dr. Drury, the President, delivered an admirable concluding address. He was re-elected President for the coming year, Drs. Caspar and Dyce Brown being elected Vice-Presidents. Dr. Dudgeon was elected Treasurer in the place of Dr. Black, and Dr. Hughes was re-elected Honorary Secretary.

Dr. J. C. Burnett has been elected to fill the post of lecturer on *Materia Medica* of the Medical School, in place of Dr. Pope, who has resigned. No better appointment could have been made, and it is to be hoped it will prove attractive to students.

Yours, fraternally, JOHN H. CLARKE, M.D.,
15 St. George's Terrace, Glo'ster Rd., }
London, S. W., June 26, 1883. }

DR. DUDGEON'S OBSERVATIONS ON DR. FOWLER'S LETTER.

MESSRS. EDITORS:—In Dr. Fowler's letter that appears in your number for July, at p. 120, I find the following allusions to myself, on which I would like, by your permission, to say a few words:

"The new light which Prof. Cowl has shed upon 'the meaning behind the words' in the *Organon* may possibly serve to rescue its English translator, Dr. R. E. Dudgeon, from gross error or moral turpitude, for he has the same iniquitous belief, that Hahnemann considered disease as an entity."

"On p. 52 of his Hahnemannian Lecture, delivered in 1882, Dr. Dudgeon says that Hahnemann 'tells us that disease consists in an alteration of the vital force which he seems to regard as a distinct entity.'"

"Dr. Dudgeon has made what has been supposed to be a very excellent translation of the *Organon*, but according to Prof. Cowl, he must be sadly deficient, either in his knowledge of what the book contains or in his integrity."

These sentences imply that I have asserted that Hahnemann alleged disease to be an entity introduced into and located in the organism; but the words quoted make no such assertion.

In my lecture I attempted to show that Hahnemann adopted certain hypothetical doctrines after his removal to Coethen which he had not entertained while at Leipzig. Among these was the doctrine of the vital force as a distinct entity. In the editions of the *Organon*, published before he left Leipzig, he says nothing about a vital force, but in the later editions, published after he left Leipzig, he adopted, among other theories, that of a vital force presiding over all the functions of the organism (§ 9, 5th ed.), and by its derangement, when acted on by mortific agents, causing disease (§§ 11 and 12). He nowhere asserts that disease is a distinct entity; in fact, he ridicules what he calls the allopathic notion of disease being a something separate and distinct from the vital force.

Dr. Fowler cannot claim me as asserting that Hahnemann held this doctrine.

Your obedient servant,

R. E. DUDGEON.

LONDON, July 13, 1883.

PROF. COWL'S REPLY.

MESSRS. EDITORS:—The position taken by Dr. E. P. Fowler, in his letter contained in your July number, with reference to my criticism of his statement concerning Hahnemann's definition of disease, as detailed in an address before the Medico-Chirurgical Society, under the heading, "Homœopathy: Does the Term Signify Anything Which Exists?—Nature of Disease," leads me to ask a brief space in your columns to correct a misapprehension which he seems to have in relation to the matter.

In respect of the fact as to whether Hahnemann did or did not speak of disease as "abnormal functional activity," which phrase was quoted from Dr. Wesselhoeft's translation* of the *Organon*, by both Dr. Fowler and myself without question, all that seems to me to be needed by those who are interested in Hahnemann's conception of disease is a comparison of the original with Dr. Stratton's, Dr. Wesselhoeft's and Dr. Fowler's translations.† As Dr. Fowler omitted in his letter to

* Fifth American Edition.

† "Nur die zu einer solchen Innormalität verstimmte Lebenskraft kann dem Organismus die widrigen Empfindungen verleihen und ihn zu den regelwidrigen Thätigkeiten bestimmen, die wir Krankheit nennen." Hahnemann, *Organon der Rationeller Heilkunst*, Köthen, 1833. (Fifth Edition.)

"Only the vital principle, thus disturbed, can give to the organism its abnormal sensations, and incline it to the irregular actions which we call disease."—Fourth and preceding American Editions, Devrient, Stratton, Ronig, Hering, et al. From the Fifth German Edition.

"Only this abnormally modified vital force can excite morbid sensations in the organism, and determine the abnormal functional activity which we call disease."—C. Wesselhoeft, Fifth American Edition.

"Only the vital force, when changed to such an abnormality, can give those disagreeable sensations to the organism and determine in it the irregular actions which we call disease."—E. P. Fowler.

give the rendering of the other translators than himself, it may be worth while to do so here, although we are free to say that except as to words his translation differs little from the others. The comparison, however, we believe, will be sufficient without any remarks on our part, to decide whether the statement made by Dr. Fowler in his letter, that "In section 11" of the *Organon* "disease is not defined as 'abnormal functional activity.' The abnormal functional activity (if a translator chooses this expression) is most explicitly stated to be the *product* of the disease," is correct or not, and whether, on the other hand, Dr. Cowl's position in maintaining that Dr. Fowler's original statement (that Hahnemann "looked upon disease not as a variation of a natural process") was certainly remarkable, coming from one who had quoted this very section of the *Organon*, in reality appears to have been "an accident of thoughtlessness," consequent upon having "read in too great haste."

Respecting the other criticism, which seems to Dr. Fowler to have similarly arisen, we may likewise refer to the original authorities; but when Dr. Fowler, in contradicting the remark that "Hahnemann distinctly declares that disease is a nonentity," says, with the *Organon* before him, "In section 13 Hahnemann does not say that disease is a nonentity. He says that disease, as it is considered by allopathists, is a nonentity; that is, that the *materialistic* conception of disease is a pure fiction, without any real existence. The term entity, of course, will not be confounded with the term materiality as ordinarily used;" and further states that "Hahnemann, as a rule, treats of disease as an entity in precisely the same sense that he treats of medicines as entities." We may be permitted to observe that he gives no instance where Hahnemann speaks of disease as an entity, while in reality, as every one knows, the *Organon* constantly refers to it as the result of morbidly disturbed vital force, with which conception we still consider Dr. Fowler's inference, that Hahnemann assumed disease to be "an abstract entity actually occupying a given locality as one may occupy a room in a house," entirely incompatible.

It is to be remembered that the medical world, from the time of Paracelsus (Von Hohenheim), who popularized the idea that disease was an entity and grew upon the organism like a parasitic plant, was largely dominated by this view of the nature of disease—a view which took deep root in Germany, and was held by prominent writers there as late as 1848.

Finally, with reference to the translation of section 13, in which Dr. Fowler seems to differ from the other translators, it may be noted that both in the original and in all the translations, the simple sentence* un-

*Comprising with its parts the whole of Section 13 in the original German.

"Daker, ist Krankheit (die nicht der manuellen chirurgie anheim fällt) wie von den Alloopathen geschieht, als ein vom lebenden ganzen, vom Organismus und der ihn belebenden Lebenskraft gesondertes innerlich verborgenes, obgleich noch so sein materielles Ding gedacht, ein Urding, was bios in materiellen Köpfen entstehen seit Jahrtausenden alle die verderblichen Richtungen gegeben hat, die sie zu einer wahren Unheilkunst schufen."—*Organon*, Fifth Edition.

"Disease, therefore (those forms of it not belonging to manual surgery), considered as it is by the allopaths as something separate from the living organism and the vital principle which animates it, as something hidden internally, and material, how subtle soever its nature may be supposed, is a nonentity, which could only be conceived in heads of material mould, and which for ages hitherto has given to medicine all those pernicious deviations which constitute it a mischievous art."—Fourth American Edition.

"Hence, disease (not subject to the manual skill of surgery), considered by allopathists as a material thing hidden within, but distinct from the living whole (the organism and its life-giving vital force), is a nonentity, however subtle it is thought to be. It could have originated only in the minds of materialists, and has for thousands of years imparted to medical science manifold deplorable directions, stamping it as an unwholesome instead of a healing art."—Wesselhoeft, Fifth American Edition.

"Therefore, disease (non-surgical), as it is considered by allopathists—that is, as being an internally concealed something, separate from the living entirety, from the organism and its vivifying

quivalently stands, "Therefore, disease * * * is a nonentity." * * * "Daher, ist Krankheit, * * * ein Urding." * * *

Upon a hypothesis of any other meaning, it is impossible to make sense of the several parts of the sentence, and in substantiation of the statement we offer the translation recently furnished by Dr. Fowler, together with those of Drs. Stratton, Hering and others,* and Dr. Wesselhoeft.

WALTER Y. COWL.

REJOINDER.

The quotation of here and there a word in a sentence, joined by asterisks, does not usually convey the author's intent. "Thou shalt not steal," "Thou shalt * steal." Is the last line a fair rendering of the first one?

E. P. F.

SOCIETY REPORTS.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The 19th annual session of this society will be held in Philadelphia, on the 18th, 19th and 20th of September next.

The sessions of our society are each year increasing in interest, and we earnestly hope that all the members may feel the importance of their being present and participating in the proceedings.

Of the seven hundred homœopathic physicians in our State, but one hundred and seventy—hardly one-fourth—are members of our organization. Let each member make it his business to secure at least one new member by the date of the meeting, and it will go far toward making up this deficiency.

We hope all the members, and especially those who are members of bureaus, will prepare and present or send papers on subjects in which they are interested.

The Secretary desires to have the titles of all papers at an early date, so that they can be announced before the time of the meeting.

R. E. CARUTHERS, M.D., Cor. Sec'y,
Allegheny City, Pa.

ACTION OF QUININE ON THE HEART.—In typhoid fever, large doses of quinine are applied in every civilized country of the world, and it should therefore appear a necessity to publish everywhere the action often fatal of quinine on the heart. Small doses of quinine, given at intervals, produce two different actions on the heart. In the first period the action of the heart is augmented, its contractions are more forcible, and the flow of the arterial blood is more violent. In the second period, there is a marked decrease, *i. e.*, the pulsations are more irregular in rhythm and force, and there is a tendency to arresting the heart. There is an inhibitory phenomenon following over-irritation. In large doses the first phenomenon does not appear, but all the symptoms of the second stage appear, with stupor and collapse, and suppression of the contractions of the heart. Thus are explained the reported cases of sudden death in typhoid fever treated with large doses of quinine. Besides that, the *sulph.* of quinine is very seldom pure, but is mostly mixed with 40 to 50 per cent. of the *sulph.* of cinchonine, which has a more deleterious effect on the heart than quinine.

vital force—is a nonentity, however attenuated its materiality may be imagined, and the conception could have only proceeded from the heads of materialists. For thousands of years down to the present time it has given to medicine a destructive direction, creating it the true art of mischief."—E. P. Fowler, in *NEW YORK MEDICAL TIMES*.

*"It is interesting to note that several sections, and among them 11 and 13, which Hahnemann added in preparing the fifth edition, were translated for the American editions by a committee of the Allentown Academy, upon which was Hering, who doubtless did the bulk of the work."

TRANSLATIONS, GLEANINGS, ETC.

REPORT ON NOTEWORTHY PAPERS IN RECENT
OTOLOGICAL LITERATURE.

I. In Weil's paper on the "Results of an Examination of the Ears and the Hearing of 5,905 School Children" (*Archives of Otolaryngology*, Vol. XI., No. 1), we find something which will not only interest the aurist and general surgeon, but every father and mother. He says:

The probable reason why such examinations have not been made more frequently is that we have no trustworthy method of determining the power of hearing, notwithstanding the numerous articles on this point which we find in recent literature. We are much indebted to Itard, Wolke, Saunders, Schmaltz, Rau, and recently to Wolf, Conta, Magnus, Hartzing, Politzer and others for their labors, but they furnish us no method which will hold good in all cases for determining this power of hearing. The watch, which was first used by Saunders, and Politzer's audiometer, have only one or two tones or sounds. The perception of these, however, does not furnish us any knowledge as to the condition of the ear in general, and especially its capacity for hearing the human voice. For practical reasons we must have a method for determining the capacity of the ear for speech, and it is to be hoped that the future will furnish us with such an instrument.

According to the majority of authors, the voice or whisper is still the best method which we have, but, unfortunately, it leaves much to be desired. This method requires, however, a certain amount of space, which is often not practicable, since, according to Wolf, Chimani and Hartmann, a whisper should be heard at 20 to 25 meters, and frequently there is not so large a room at our disposal.

Then again, the distance at which the voice is heard depends upon too many things, such as the attention with which the person examined listens, the intensity of intonation, the measure, the articulation, and upon the particular words chosen, the possibility of guessing the words, the place of examination, the surroundings, and probably upon the state of the weather. Moreover, the examination of one ear is very much influenced by that of the other. Some of these objections would be found in any method, but some arise from the voice itself.

Weil's experiments were made in the public schools, and also private ones, in one of the large cities of South Germany. They disclose some interesting results, especially since the subjects have been derived from all classes of society.

There were 3,228 boys and 2,677 girls. In the boys there was 11 per cent. who had impacted ear wax in the external auditory meatus; in the girls there were 15.1 per cent.

This wax was of varying consistency; the yellow crumbling variety offering no obstacle to hearing. The percentage of those who had pus in the external canal was not great. Those who had perforation of the drum membrane was, in boys 1.9 per cent., in girls 2.3 per cent.

Calcification, or deposits of chalk, in the drum membrane, was found in boys 1.5 per cent.; in girls, 0.9 per cent.

In order to find out how far scarlet fever, measles and diphtheria had been the cause of abnormal conditions, he instituted a special examination, which showed: of 1,105 children, 479 had had none of the above diseases; of the remaining 626, or 56 per cent. of the whole, they had had them in the following ratio: scarlet fever 57, diphtheria 20, measles 352, scarlet fever and measles 115. Scarlet fever and diphtheria 10; measles and diphtheria 30; scarlet fever, measles and diphtheria 36. Of those who had remained free from them 14.2 per

cent. had wax in the canal, and in 2.0 per cent. there was suppuration.

Of those who had had them, there were 16.7 per cent. with wax, and 2.5 per cent. with suppuration. Therefore, we notice that there were 2.5 per cent. more children with wax among those who had had the above diseases, and only 0.5 per cent. more who had suppuration. Consequently those much dreaded diseases may be said to have made but little effect on the ears which he examined. Of the 479 who had escaped them, there were 33.8 per cent. with defective hearing, and consequently 3.5 per cent. less with defective hearing than among those who had had them.

It is remarkable that some of the children who heard very badly were surprised when they were told so, they not having been aware of it before.

Children who hear badly have much more difficulty in following the teacher; they must therefore exert themselves more, and are more easily tired. Consequently they lose their power of attention, particularly when they are absent-minded or not very ambitious.

Therefore, the difficulty under which such children labor should not be forgotten by their teachers, since they must have special pains taken with them. Unfortunately, some ear affections escape detection, and especially when they are not well pronounced, and the sufferers are misjudged and considered inattentive, and so treated, where, as in reality, they are simply hard of hearing. Weil, therefore, advises that in all such cases, or all inattentive children should have their ears examined, since the hearing may be alone in fault, and if neglected might ruin the whole subsequent career of the individual.

In this connection, it is suggested by Weil that the teacher himself could so examine all of his pupils once a year, but of course not as well as a physician.

He gives the following simple rules for doing it: The school-room itself could be used for the purpose. The teacher should place the pupil in one corner of the room, then retire to the other himself, and test each ear separately, by whispering certain words, changing the word several times for each ear. By causing what he has said to be repeated by the pupil, he can arrive at the power of hearing of every child under his control. When a child has thus been found to hear badly, the parents should be informed, and the child should be sent to a doctor, or if the parents has no means, to any dispensary, where it can and will be treated gratuitously. Thus it would cause many a child to be cured of a disease which is very easy to treat in the beginning, but very difficult to manage when it has become chronic.

Again, there are many conditions which, if left alone, will so affect the tissues of the ear that the lost hearing can never be restored, and these very diseases sometimes offer no difficulty whatever to a surgeon in the beginning.

Even such an ordinary thing as impacted wax in the external canal may bring about changes in the drum membrane to such an extent that the ear will be forever impaired, whereas a simple washing out would remove the whole trouble if done early enough. And remember that 11 per cent. and more of all the children examined by Weil had this condition, and were all of them, therefore, in more or less danger.

Again, many parents are not intelligent enough to appreciate this, and therefore it would be a good thing if each school should engage a doctor at a trivial expense, or it may even be done for nothing, to watch over the pupils in this respect.

How easily could this be done by our public schools here in the city of New York!

II. In his article on "The Cotton Pellet as an Artificial Drum Head," Prof. Knapp (*Archives of Otolaryngology*, Vol. X., No. 1) has written something for us which ought also to be of interest to all human beings. As he states, Yearsley first recommended the moist cotton pellet, in 1848, as a means of improving the hearing of

persons whose drum-heads were more or less defective. Knapp, in conjunction with nearly every other author, praises the little contrivance as it deserves.

K. relates several cases, which we will not insert, with the exception of his first, which is typical as to the action of the pellet. It is as follows: Mrs. J. W. K., *et. 41*, a wealthy and cultivated lady of this city, had scarlet fever when she was five years old. Copious offensive discharges followed until she was 12. She grew so hard of hearing that she could understand people only when they spoke loud and directly into her ears. Another surgeon took charge of her, and in two months considerably relieved the discharges by syringing the ears and pouring various liquids into them. After this he put cotton plugs into both ears, which, on account of the discharge, had to be changed frequently for a long time. The doctor did this until the discharge had almost disappeared. Ever since that time, that is about 29 years ago, she has worn the cotton pellets, and by their aid has always enjoyed good hearing and has been free from pain and inflammation. K. found that without the pellets she understood conversation only at a distance of a few feet; with them at twenty. He examined her later and reports: At times she changes the cotton daily, but mostly, every two or three days. When she leaves it in longer, for instance a week, it becomes dry and is of no use. It is only good as long as it is moist, which is seldom longer than three or four days. She takes it out when the ears feel uncomfortable, or when discharge is noticeable, or the hearing bad. After the removal of the pellet she pours a few drops of warm water into the ear, lets it remain for about five minutes and then dries the ear with absorbent cotton wound around a dentist's cotton holder. Syringing the ear is apt to make her dizzy and the water runs into her throat. When she leaves the cotton out for several days, the discharge at once diminishes, and the ears soon dry up. When she inserts the cotton pellet again, she hears very well; better than before. She removes the cotton and puts in a new piece with a delicate pair of forceps. She shapes it into a thin disc, like a wafer, about a centimeter in diameter, soaks it with pure glycerine, seizes it with the forceps in the centre, and pushes it into the ear as deep as she can. If the hearing is not at once improved she does not attempt to adjust the pellet, but prefers to take it out and put in a new one. A minute after she has inserted the pellet a watery discharge runs from her ears for several hours. Supposing that the glycerine was the cause of this, Knapp advised her to use a solution of one part glycerine and 3 parts water. *It had the desired effect*; the ear did not run, and felt comfortable even immediately after the insertion. She could wear this pellet a day longer than usual—three days in all—before she felt any annoyance from it. Without the pellet she heard the voice only at two to three feet, but with it she could hear at twenty feet.

Thus we see that this patient had worn the pellet for 29 years with a continuous good result. Besides this, the pellet afforded her a certain protection, and also regulated the secretion from her ears, and also prevented the structures from becoming sclerosed and stiff by exsiccation. K. adds that he thinks that any practitioner, however skeptical, can take this case as a precedent for the management of similar ones. He gives several further cases in which the results were just as good, and sums up by stating that according to his experience (which has been great. *Rev.*):

1. Cotton pellets, moistened with glycerine and water (1:4) and worn as artificial drum-heads, are a great aid to many cases of partial or total defect of the natural drum-head with or without otorrhoea.

2. Their therapeutical action in arresting profuse discharge on the one hand, and in preventing the mucous membrane of the drum-cavity from drying up on the other, is most valuable.

3. They protect, like the natural drum-heads, the deeper parts of the ear against injurious influences of the atmosphere, etc.

4. In some cases they are quite indispensable, and may be worn for a lifetime with permanent comfort and benefit.

5. In other cases they are needed only periodically according as the copiousness of the discharge, or the exsiccation of the mucous membrane requires their action in the one or the other direction.

6. The period during which a pellet may be left in the ear varies with the condition of the parts. They should be changed frequently, *i. e.*, every day, or every few days, so long as the discharge is considerable. They should not be worn at all when the discharge is abundant or offensive. When there is no discharge, they may be left as long as they are comfortable (to the patient), and the hearing is good. So far as my experience goes, they are apt to become unclean in a week or two. They ought then to be removed, the ear cleansed either with dry cotton, or cotton steeped in warm soap-suds, and new pellets introduced.

7. The management of the ear disease should remain in the hands of a physician until a stationary condition, either of slight or no discharge, has been reached. During the time the patient is under treatment, he can be taught how to cleanse his ears and remove and replace the pellets.

As before remarked, this paper should be of the greatest interest, since there is scarcely a family, the children of which have not had scarlet fever, and this disease often leaves the drum membranes perforated, producing very bad hearing. These are the very cases in which the children grow up never again having good hearing until a cotton pellet is put in, when at once they have their hearing restored good enough for all practical purposes in life. Unfortunately, it is not all of such patients who can be thus immediately (for the result should be immediate) relieved, but the percentages are so very large, that every child should be examined, especially if the ears have run before, thus giving it a chance, to be transformed, as if by magic, from a person with whom everybody must take pity, to one who will be put on an equality with his fellow creatures almost, by so simple a contrivance as a small piece of cotton put intelligently into his ear. Again, many adults may enjoy the same benefit after having had bad hearing for ever so many years!

III. Kieselbach (*Archiv. f. Ohrenheilkunde*, XIX., 2 and 3) relates a case in which he attempted to form an external auditory canal in a person who was born without this canal. Both auricles seem to have been pressed forward and bent over by a force which had exerted itself from behind. In trying to produce an artificial opening, he made an incision behind the rudimentary tragus, and carried it down to the periosteum. There was no trace of the canal present. He then attempted to keep the canal which he had made open by detaching the auricle and continuing the incision as far again as the length of the auricle. This formed a flap, which was pushed into the wound so that its cutaneous surface was directed toward the annulus tympanicus and its raw surface toward the lower and outer surface of the wound. The flap was then secured in place by a quilted suture.

The child was removed from his care before the success of the operation was assured, but we report so much, since the proceeding is a nice one and may add materially to the chance in retaining an artificial canal after one has been made by an operation. It is by no means easy to do.

IV. Moos and Steinbrügge reports the examination of one hundred cases of aural polypi (*Archives of Otolaryngology*, XIII., 1). They were single in 81 cases and multiple in the remainder. Otorrhoea was found in all but one case. In four cases they observed cerebral symptoms, which disappeared after the polyp had been

removed in each case, probably from the fact that pus which was retained in the ear by the size of the tumor was allowed to escape after it had been removed.

The causes of origin of the tumor are: increased vascularity, obstruction in the vessels by endothelial proliferation, thinness of the vascular walls, etc.

They look upon an operation for the removal of such tumors as entirely innocent, and should be done for various reasons, such as, it may be a matter of life and death to the patient when there is a retention of pus behind them. They should be immediately removed when they have attained such a size as to close the communication of the part in which they occur with the external opening of the auditory meatus, so that the pus which forms behind them cannot have a free exit. If the tumors have not attained such dimensions, they may be treated according to the fancy of the physician by astringent lotions, etc. They look upon the galvano-cautery as the most elegant and easy way of carrying out the after treatment, for without such treatment the tumors are very apt to return; and also for the removal of those tumors which could not be reached with the snare. In case, however, such an apparatus be not at hand, the after treatment can be carried out by strong astringent washes, as the *acetate of lead*, etc.

V. In an article by Moos (*Archives of Otolaryngology*, XI., 4) on congenital deafness, we find the following causes as producing such conditions: In 14 cases he could detect no cause; in seven there was an hereditary predisposition (? Rev.), in three, the latter cause and also consanguinity in the parents. One case he found to be caused by syphilis; one by intemperance of the father (?); one premature birth; one case presented direct heredity. M. thinks that all of those cases which present a parenchymatous keratitis and also ear affection at the same time, are syphilitic. Rachitis is also an important cause of labyrinthine affections in the young. He agrees with Virchow that brachycephalic and microcephalic crania sometimes produce atrophy of the petrous portion of the temporal bone, which may cause congenital deafness.

VI. Knapp (*Archiv. f. Ohrenheilkunde*, XIX., 2 and 3) reports another of those curious cases of *bilateral deafness from mumps*. The woman had had an attack of mumps on both sides about 6 years before. Seven days after the attack her hearing became affected, and was entirely lost on the eighth day, and remained so. She had no pain in the ear or head and no discharge from the ear. She had very distressing dizziness for months, and it has remained, to a slight extent, ever since. At the time of examination she was absolutely deaf in both ears, but the whole auditory apparatus appeared to be perfectly normal as far as inspection could be carried out. Knapp therefore thinks (perhaps from exclusion as well as other things) that it was a case of labyrinth affection, the nature of which he could not clearly make out. And since there is no probability that the disease could have been carried directly to the inner ear through the external auditory canal and tympanic cavity, or through the canal for the facial nerve, he was forced to the conclusion that it was metastatic in its origin. (Of course this is the most probable way, but he would find it somewhat difficult to explain the connection of a disease which sometimes occurs in the testes in conjunction with mumps as metastatic, although again this would be the most probable way of doing so.—Rev.)

THE BACILLUS DISCUSSED IN SPAIN.

Dr. D. Salvador Badia publishes (*Revista Homoeo. Catalana*) some considerations as to how far the discovery of the bacillus may influence the study and treatment of phthisis. With the purpose of first ascertaining "if

the theories now advanced are in agreement with everyday practice, and the experiments of the laboratory sustained by clinical observations," he reviews at some length the discoveries of Koch, Klebs, Crudele, etc., with the theories they have originated, the recorded experiments of tubercular inoculation, and their aspects as compared with the course of zymotic diseases through incubation, evolution and termination. He then goes on to say:

For so much as it is worth we must speak the truth in this matter, and it does seem to us that the physicians, many as they are, who have been drawn into this new theory of the bacillus, have been somewhat carried away by their over-abundant faith in experimental methods, or else by their eagerness to meet with a preservative against phthisis, such as vaccine affords against the small-pox. This, too, we affirm, because, having personally assisted at some of these laboratory experiments, and treated many cases of tuberculosis, we can neither see nor realize the analogies presumed between the laboratory tests and the observations of the hospitals. In a broad way, and sticking to our pathological anatomy, we can even demonstrate that the course is quite different in the two cases. The tuberculosis which is produced artificially begins by a pulmonary hyperemia, while that which we treat in our hospitals commences with degeneration. The tuberculous growths of the artificial affection also advance in a distinct course from the natural phthisis, for while the former cause death or become reabsorbed within brief limits quickly, the latter go on and on, enfeebling, infecting and destroying the pulmonary tissue, at the same time allowing to the patient more or less years of life according to individual and cosmic conditions, but never proceeding in that regular cycle which we note under inoculation. It is as if they responded to the greater or less energy of the protoplasmus.

If the adherents of the bacillus theory had contented themselves with limiting the action of the parasite to the galloping phthisis—that destructive malady which has so many points of resemblance to a malignant septicæmia of rapid and fatal march—we might not, perhaps, oppose them with so many crushing arguments as we do when they extend it to what we may call the classical phthisis, so well known and described. As the case stands to-day, we can only admit the bacillus to be an effect of molecular disintegration, knowing as we do that such germs will intervene in all organic degeneration and putrefactions. The observations of the clinic do not, therefore, corroborate the experiments of the laboratory.

In the history of phthisis we find many theories claiming to account for this malady, but being more or less hypothetical, they cannot command our assent. If we start from the causes by which phthisis is engendered, and which are all embraced in one term—degeneration, either inherited or acquired—and if we bear in mind that fever is its most salient point, perhaps we could say that a poorly constituted protoplasmus makes way for the febrile process; that the blood, surcharged with urea and carbonic acid, goes on poisoning the system, and that phthisis and pulmonary decay are the consequence. If we consider the victories achieved with *cod liver oil*, *phosphorus*, etc., we shall have one more prop for the belief that this malady is due to a molecular degeneration or impoverishment which secondarily consumes the organism.

Has the discovery of the bacillus any importance? Yes. (1.) Because it contributes to the study and simplification of a process, just as it does in chemistry, to know that there are two elements in a gangue instead of one. (2.) Because it shows that the bacillus probably hastens the march of phthisis, by an inherent quality of all micro-organisms, which may serve a purpose in therapeutics to prolong life or retard rapid decay, if encountered somewhat as *sulphur* meets the oidium of the wine countries. (3.) Because it may become an

element of diagnosis in doubtful cases, since it is unquestionable that the presence of the bacillus in the sputa and urine is a proof that the individual is tuberculous—while it must be held that he can also be in that condition even if their presence is not detected. (4.) It is important for homœopathic practice, as it involves no essential change or modification, which would necessarily be made if we adopt the parasitic theory.

HYDROPHOBIA.—It is said that "if a man is bitten by a mad dog on the ninth day small blisters called *lyssais* appear under the tongue; they are rather dark colored, about the size of a pea, some of them smaller, and look like flesh. They are situated on the under side of the tongue, near the membranous band, particularly on the side of the veins. If you observe the tongue of a sound man and then examine that of a man who has been bitten by a mad dog, you will immediately see the difference. As soon as these *lyssais* are observed they must be cut out with a sharp knife and the bleeding continued till the poison is discharged. If this is neglected or deferred too long the brain becomes affected and the patient will die in deplorable convulsions."

WAS BYRON KILLED BY THE DOCTORS?—The last illness and death of Byron are not less curious to the medical mind than the life of the man. In brief, Byron went to Greece in his later days (he was only thirty-six) ostensibly to liberate Greece, actually to obtain the crown of a kingdom he hoped to see established—a crown which he did, in fact, as it would seem from these volumes, nearly secure. His death frustrated the design, and his death, preceded by epileptic seizures and by exposure to malaria, was clinched, it is generally felt, by medical perseverance in crystallized error. Two "youthful and incompetent" doctors, to quote Jeaffreson's definition of them, Bruno and Millingen, "did their best and their worst" for him. He had been living, by his own rule, for five weeks on toast and tea, and at last, in response to the urgent appeal and insistence of the two doctors, he consented to be bled (date, April 16, 1824). Casting at the two the fiercest glance of vexation and throwing out his arm, he said in his angriest tone: "There! You are, I see, a damned set of butchers! Take away as much blood as you like and have done with it." They took twenty ounces. The next day they repeated the bleeding twice and put blisters above the knee, because he objected to have his feet exposed for the blistering process. In spite of all he lived on, and on the 18th actually rose from his bed and tottered into an adjoining room, leaning on his servant Tita's arm. There he amused himself with a book for a few minutes and then returned to bed. In the afternoon two new and strange doctors came to look at him, and after they had left he took one anodyne draught. Some time later he took another draught of a similar kind, and at six o'clock he uttered his last intelligible sentence, "Now I shall go to sleep." He slept for twenty-four hours, and at fifteen minutes past six, on the evening of April 19, surprised his watchers by opening his eyes and instantly shutting them. "He died at that instant."

In this day we look with wonder at the medical art which in twenty-four hours could bleed three times a fasting man, then blister him, and finally supplement the so-called treatment with two strong narcotic draughts.—*Lancet*.

ETHICAL TRAINING.—It is time that men of advanced opinions should have the courage to teach their children what they themselves believe to be true. It is a great mistake that many parents who have left the churches make when they assert that the example of a pure home life is sufficient for forming the character of children. There are many problems that oppress the minds of the young as they enter manhood and womanhood, for which they can find no solution in

the example of their parents. There are many grave questions for whose settlement the kindly but vague advice of fathers and mothers affords no adequate guidance. The young require, and should receive, direct moral instruction. They should be led to discuss in detail the specific duties of life, the self-regarding duties, and the duties which man owes to others. Their moral judgment should be sharpened, their sensibility to the finer distinctions of right and wrong should be quickened, and a casuistical treatment of ethics, such as the philosopher Kant has indicated, should be attempted for their benefit. They should be taught the history of religion, at least of the great ethical religions, so that they may learn to distinguish what is worthless from what is valuable in the Bible and other sacred scriptures, and may discriminate between what is temporary and what is lasting in the manifestations of the religious spirit in the past. They should finally be led to construct for themselves, when they are of sufficient age, a philosophy of life based upon ethical considerations, such as may serve for their guidance, their support, and their solace in later years. All this should be attempted, but it has not as yet been attempted, except here and there in the rarest instances. And, if for no other reason ethical societies were proposed, it were a sufficient reason to form them for the sake of the children, for the sake of building up in them a better and nobler life, for the sake of giving them a fairer start on the road to virtue than their parents often had. I am well aware that there are those who think differently, that there are persons of the most radical convictions who yet send their children to orthodox Sunday-schools, saying, at least they will receive moral influence there. Yet, I would ask, do they receive nothing besides? Do they not also learn the old scheme of dogmas which the modern mind is struggling to shake off, the old cruel notions of a hell, the old pitiful motive of doing good for the sake of future reward or from fear of future punishment? To me it seems that the supreme duty which parents owe to their children is to help them to rise, if possible, higher in the scale of humanity than they themselves have risen. And the unpardonable sin is the sin against the purity and freedom of a child's development.—*Felix Adler, in the North American Review.*

DESCENDING SCLEROSIS OF THE PYRAMIDAL FIBRES.—M. Féré (*Le Prog. Méd.*) recalls the cases noted by M. Charcot, in which the secondary sclerosis consecutive to a lesion of the motor zones was visible at the internal portion of the lower section of the peduncle, and not in its median region, as usually occurs. He had seen eighteen examples of a similar anomaly. The descending fibres have not a uniform course in this portion of the brain; they generally pass along the central portion of the inferior surface; sometimes along the internal portion, in which case they are scattered without order, and consequently their sclerous degeneration is difficult of detection. Finally, the descending sclerosis may be disguised in those cases where the external fibres pass saltier-wise upon the inferior face of the pyramid, thus making the superficial fasciculi of the median and internal portions.—(T. M. S.)

ANÆSTHESIA FROM THE INSUFFLATION OF CARBONIC ACID AND CHLOROFORM.—M. Brown-Sequard (*Le Prog. Méd.*) attributes the anæsthesia of the larynx which follows the use of these substances to an inhibition of the nervous centres, produced through the superior laryngeal nerves. If one of the laryngeal nerves is cut the anæsthesia is more pronounced on the sound side; sometimes it is unilateral. He does not think it due to the shock of percussion, as asserted by some, since he has not been able to obtain the same results from a jet of air or oxygen.—(T. M. S.)

ATROPHY OF THE BRAIN FOLLOWING AMPUTATION OF A LIMB.—M. Bourdon (*Le Prog. Méd.*) reports on the case of an old soldier, aged 73 years, who died after thirty-six hours sickness of a meningo-cephalic congestion, having forty years before had the left arm disarticulated. Up to his final sickness there had not been any cerebral manifestation, but in the latter part of his life the leg corresponding to the injured side had been slightly paralyzed. At the autopsy the right cerebral hemisphere was found softened in the upper part of the ascending frontal convolution. The same softening was noticed on the paracentral lobule, and upon the summit of the hemisphere. The lateral hemisphere of the same side was enlarged, especially near the affected convolution, showing an extensive atrophy of the underlying white substance. The neighboring striated body presented a depression through its centre, and its optic layer was slightly flattened in its vertical aspect. Sections of the protuberance and bulb showed the median raphe to be turned to the right, and the nerve substance of that side greatly atrophied. The hemispheres were weighed with great care, the right weighing 31 grammes less than the left.

Six analogous facts had been collected by M. B. in his report upon the motor centres of the limbs. These observations show that amputation of a limb brings, in consequence of a want of functional activity, an atrophy of the superior part of the motor zone of the cerebral layer. It is further proven that this lesion may extend secondarily to the central parts of the brain, and even to the spinal prolongation. A similar extension has not been as yet noted in corresponding cases. We also have a new fact in this report, which is the appearance of the paralysis of the leg on the same side as the amputated arm. Ought not this paralysis, coming on gradually in the later years of life, without the accompaniment of any cerebral symptom, to be attributed to the extension of the atrophy? Cannot this latter, in its invading march, have attacked, step by step, the cells and nerve fibres which control the movements of the limb corresponding to the mutilated side? It remains to be determined if the progressive course of the lesion has not been favored, in this particular case, by the advanced age of the patient, cerebral atrophy being frequently observed in old people.—(T. M. S.)

IODOFORM.—This drug would be much more frequently used were it not for its intolerable odor. Dr. Andrews says this is entirely relieved by combining with it *cumurin* (an anhydride of *cumuric acid*) in the proportion of three grains to the drachm.

HEITZMAN IN BERLIN.—Dr. Heitzman, of this city, celebrated for the great ability and originality shown in his microscopic investigations, described his peculiar histological views before the Berlin Medical Society, at its meeting May 2. These views are that the body tissues are not made up of cells, but rather of a reticulated network inclosing living protoplasm. In the discussion which followed Virchow responded to the attack made on the cellular histology. His view was that the cellular network, even if proved, was of secondary importance, and did not affect the theory that the cell is the physiological and anatomical unit of the tissue. That cells are the individual units, and not part of a great ramification, he still believed, and instanced a number of facts in support of his opinion. Dr. Frankel contended against the theory of Heitzman that even healthy rabbits may be made tuberculous by the inoculation of non-tuberculous matter.

GRANULATED MILK is made by subjecting milk to a temperature of 130°, until the watery part has been evaporated. It is then granulated and sugar is added, when it looks like corn meal. The evaporated milk is not as solid as condensed milk, and when water is added it cannot be distinguished from natural milk.

ARTIFICIAL INFANT ALIMENTATION.—We extract the following conclusions from an elaborate paper by Hugh Hamilton, M.D. (*Med. and Surg. Reporter*, May 19, 1883):

Concerning the milk from one cow, Prof. S. P. Sharpless, of Boston, says: A uniform diet for a child will be much better secured by mixing the milk of a number of cows than when it is attempted by trying to secure that of a single one, since, as we have seen (my friend gave the results of 2,209 analyses of cow's milk, from ten countries, by twenty different analysts) the milk of any one cow varies very considerably.

The use of mixed healthy cow's milk, rendered alkaline by bi-carbonate of soda (BAKING SODA, not powder), with the addition of a tablespoonful or two of good cream to one-half pint of milk, then heated to 55° C. (131° F.) and afterward sweetened by a strong, freshly-prepared syrup of milk sugar (Lactose), forms the most admirable ARTIFICIAL INFANT ALIMENT now known.

ICHTHYOL.—This drug seems already to have found its place as a remedy for eczema. It is a black mass, of the consistence of a thin ointment, and has the appearance of a mixture of crude petroleum and thick tar, with a pungent characteristic odor. It is soluble in alcohol and ether and miscible with vaseline and ointments generally. For eczema:

R.—Ichthyol..... 3 iv
Vaseline..... 3 ii
Cerate..... 3 ii

For children this was reduced to about one-half its strength with equal parts of vaseline and cerate. Another form used is:

R.—Ichthyol,
Ointment of lead,
Lard, of each equal parts.

It is claimed for it that it holds ten per cent. of sulphur, either in solution or chemical combination, to which it probably owes its properties.

THE OPIUM HABIT.—According to statistics, in 1871 we imported 37,824 pounds of opium (for smoking), in 1881, 76,446 pounds, and last year 106,221 pounds. The chief abuse of the drug, however, is in the increased use of hypodermic injections, first taken to allay pain, and kept up after the legitimate need has ceased. These cases are becoming frightfully common. When the habit is confirmed, opium becomes more necessary to existence than food, and, in fact, takes the place of food to a certain extent. Many Chinamen smoke and are not incapacitated for work by it, and whether opium smoking in moderation shortens life is a hotly contested question. The cases, however, in which opium is smoked in moderation may be said to be unknown in this country. But there is probably no danger of opium becoming the curse here that alcohol is. In the first place it costs too much. In the next place the habit when indulged in to excess is one that incapacitates its victim for all kinds of work. The effects of opium upon the physical system are less injurious than those of chronic drunkenness. The spread of narcotics should be energetically fought, by legal enactments and by warnings on the part of physicians against the formation of these habits.

CARBOLIZED IODOFORM.—According to Carl Scher (*Bert. Klin. Wochens.*, No. 48, 1882), carbolic acid is an excellent corrigent for disguising the odor of iodoform. Add 0.05 carbolic acid to 10 gm. iodoform, and the odor is entirely covered, and it does not return even at the highest temperature. Two drops of *ol. menth. pip.*, added to the powder, increases the pleasantness of the odor.

THERE is a curious kind of disorder known as Thomsen's disease, which is, fortunately, very rare. It was first so called by Dr. Thomsen, of Schleswig, who suffered from it all his life, and who described it in 1876. The disease consists in a contraction or rigidity of the voluntary muscles, which comes on suddenly during their movement. If a person with this complaint throws his arm forward, as when casting a stone, the arm does not come back to the side, but remains extended. So with other movements, such as walking and running. It is a disease of the nerves and is considered incurable.—*Med. Record.*

A SIMPLE AND INGENUOUS INSTRUMENT FOR EXTRACTING FOREIGN BODIES FROM THE EAR.—Dr. Louis B. Cough sends us (*Med. Rec.*) the description of a little instrument, which any jeweler can make, and which, he says, is very useful and efficient in removing foreign bodies from the ear. The description is as follows:

Take a piece of eight-sided brass wire, or round wire with roughened surface, and drill into either end a small hole a quarter of an inch deep. Into one end bronze or solder a small twist drill $\frac{1}{8}$ of an inch in diameter, and into the other a nice sharply-cutting screw (such screws may be obtained of any jeweler) of about $\frac{1}{8}$ of an inch in diameter. When this is done, you are ready for your smart boy with more beans in his head than brains. Suppose the bean is at the bottom of the auditory canal, enlarged and surrounded by inflamed swollen tissues, a small portion only being visible. Introduce the speculum, and carefully with light pressure drill into the presenting portion of the corn or bean to the depth of about one-quarter of an inch, and clear off all dust; then reverse the instrument and insert the screw and the bean must come.

I have by actual test inserted my simple instrument into the bean, and sustained with it a weight of 25 pounds, as shown by scales; a holding power far in excess of that required for the removal of any such body. Physicians will be surprised at the rapidity with which the drill will perforate the hardest of dry beans, and the slight pressure required. Care, however, should be exercised on first entering the drill that it does not slip.

I confidently recommend this instrument to the profession in all cases for which it is applicable.

VERBAL DEAFNESS.—M. Magnan (*Le Prog. Méd.*) recalls that there are two groups of symptoms corresponding to different anatomical lesions: the one altering the convolution of Broca, and the second attacking the curved fold (*pli courbé*). He also reports the case of another patient who was aphasic, and later was attacked with verbal deafness. Intelligence was not wanting—although he could neither speak nor understand spoken words, he recognized signs and took pleasure in reading the papers. When some one wrote his name on a slip of paper, followed by the word "thief," he instantly rubbed out this epithet and replaced it by an inoffensive one. Thus, he had preserved the faculty of seeing written images, while he had lost that of interpreting tonal images, that is, spoken words. At the autopsy there was found a diffuse sclerosis of the third left frontal convolution and the island, corresponding undoubtedly to the aphasia which the patient had first presented; also a centre of softening occupying the first and second temporal convolutions. The maximum intensity of the lesion was located exactly in the region given as the sensorial seat of hearing. This is another proof of the existence of perceptive centres connected with different sensorial organs.

M. Brown-Sequard knew of cases in which the two sphenoidal lobes were destroyed without any verbal deafness resulting. It would not do, therefore, to adopt the explanation of sensorial localizations.

M. Magnan replied that he had observed cases of verbal deafness in which the individuals were able for

the second time to learn to read by means of raised letters, as used by the blind. These observations simply demonstrated that the cephalic centre, in which resides the tactile impression, differs from the centre which receives the retinal impression, so that the former being intact, it can perform the functions of the latter, and serve as a collateral way of transmitting, in a definite manner, the external impressions to the superior centre of ideation.—(T. M. S.)

TUBERCULAR PARASITES.—M. Melassey (*Le Prog. Méd.*) has been unable to discover the presence of Koch's bacillus in a tubercular nodule taken from the forearm of a child who died of tubercular meningitis. In the same nodule, however, he found another parasitic element aggregated in masses or colonies of a spherical, cellular form. Such colonies in the interstices of the tissues give rise to a formative irritation, the origin of the tubercular neoplasm. These zoogloic masses exist in caseous granulations. What connection have they with the bacillus of Koch, or can they be regarded as belonging to the same parasite and representing its first period? M. M. did not believe that there was any connection, since he had never been able to find any rods in these masses, whether recent or old. On the other hand this microbe differs from the *monas tuberculosis* of Klebs, because it can produce tuberculosis by inoculation. Thus we may separate the parasites described by Koch and Klebs, and distinguish a further parasitic form of tuberculosis which merits the name of Zoogloic.—(T. M. S.)

M. CHIRON (*Le Prog. Méd.*) refers to the severe pains which accompany sub-mammary intercostal neuralgia, connected with uterine affections, and recommends:

Tincture of Gelsemium.....100 gtts.
Simple Syrup.....40 grs.
Ag. destil.....260 grs.

Take three to five dessertspoonfuls $1\frac{1}{2}$ hours before meals, or three hours after—this makes 15 to 20 drops per diem. It is not necessary to exceed this latter quantity.

PLEASANT MEDICATION FOR CHILDREN.—Dr. Earle (*Amer. Med. Assoc.*) said, "the usual teaspoonful doses of nauseous mixtures dealt out every few hours by physicians to children was a reproach upon the medical profession. Drugs can be disguised, and there is no better vehicle by which the larger number of them can be conveyed into the stomachs of children than water."

* * * The propriety of the plan, as calculated to dispossess the homœopaths from their hold on children's practice, was strongly presented, and was deemed of great importance," as was also "the subject of Dr. Casebeer's closing remarks, to the effect that what the profession needed in the medication of children was pure medicine, given in water, as frequently as possible, and if this practice is followed out, the people in general would prefer the regular physician to the homœopathic practitioners." (Parvules, triturations, and now water, and still crying for a code! *Rep.*)

POISONING BY PODOPHYLLIN.—Prof. Almatz (*Archiv. de la Méd. Hom.*) relates the following: F. P., a young lady 29 years of age, nervous, lymphatic temperament, delicate constitution, had suffered for a long time with an obstinate constipation. This was only relieved by the frequent use of mild purgatives. Finally, she was led by newspaper advertisements to have recourse to *podophyllin*, taking a small spoonful of it as a dose (quantity not given.—*Tr.*); she did not have any stool, but felt uncomfortable all day, with a sensation of debility, and some pain in the occiput. She repeated the dose on the following day, when the same symptoms were manifested, with the addition of

vomiting a bilious substance four hours after taking the drug, followed by relief of the head symptoms. Annoyed that she had not accomplished her purpose she took a larger dose. Soon she was affected by severe, pungent abdominal pains, with urgent desire for stool; great weakness and general muscular relaxation; severe occipital pain, as if the head would burst. The pains gradually ceased, but were followed by painful respiration and a debility so great that she could not raise herself up. Vomiting set in later, which at first consisted of food, then of a watery substance with bitter taste and dark greenish color. She had eleven attacks of vomiting, which were succeeded by painless watery stools. The debility became so extreme that she thought she was dying. She could not raise her head or arms, and felt as if her body was bathed in sweat, although the skin was dry, with flushes of heat in the face. The debility lasted for three days when reaction set in, although she did not fully recover her strength until a week had elapsed.

[Some interest may be felt in comparing this case with one of striking similarity published in the April number of this periodical (p. 26), and in which Prof. D. W. Prentiss, of Philadelphia, was the physician called in to restore the overdosed patient.—T. M. S.]

AN UNDESCRIBED DISEASE OF INFANTS.—Dr. Riga (*Movimento Med. Chir.*) has observed a pernicious disease of the mucous membrane of the child's mouth. It consists of the formation of a false membrane between the end of the tongue and the frænum. The membrane is round and small. Children in whose mouth this appears lose strength rapidly, refuse to nurse, and ninety per cent. of them die. The disease has been observed only in summer and is always associated with intestinal catarrh. It lasts from two to eight weeks. It is found in children only during the first dentition; it is not contagious but appears to be infectious. In the Terra di Lavoro the disease has been endemic for sixty or seventy years. During the past decade there has been no diphtheria in that region. No scientific study of the disease or membrane has yet been made.—*Phys. and Surg.*

VIRCHOW ON SOUPS AND BROTHS.—Ordinary meat broth or *bouillon* in its pure form can only be recognized as a condiment. By the addition of eggs, flour, fat, and other things, it may acquire a certain nourishing and heating value. It is primarily only a very dilute aqueous solution of substances that are in part of low value as heat producers, such as gelatine, and in part of the stimulating aromatic parts of the meat. Taken warm, it is of nearly the same value as coffee or tea, but is inferior to wine, schnapps, or beer; it only stimulates the nerves. It has one advantage over every other condiment, namely, it contains no poisonous substance; it is incomparably milder, hence much better adapted to feeble persons; and finally it can be very conveniently combined with substances that are actually nutritious, and imparts to them an agreeable and "substantial" taste.—*Scientific American.*

INFECTIVITY OF SCARLATINA.—Dr. Alfred Carpenter, in a paper read before the Society of Medical Officers of Health, said that he believed scarlatina more often arose from sewage-emanations, or from sewage contaminated with scarlatina-germs, than from personal contact. He also suggested that the discharge of hot water and waste from steam-engines into the sewers was a source of danger in producing scarlatina and diphtheria.

DESTRUCTION OF ANTS.—A correspondent of the *Tropical Agriculturist* says: "Take a white china plate and spread a thin covering of lard over it; place it on a floor or shelf infested by the insects, and you will be pleased with the result. Stirring them up every morning is all that is required to set the trap again."

FRECKLES.—According to the *Medical Bulletin*, the freckles that often annoy women of fair complexion, may usually be removed by the careful application of a small piece of the ointment of the *oleate of copper* at night upon retiring. The *oleate copper* ointment should be prepared by dissolving one drachm of the salt in sufficient *oleo-palmitic acid* to make a soft ointment.

THE BACILLUS OF MEASLES.—From the *British Med. Journal*, Jan. 27, 1883, we learn that, according to M. Le Bel (Académie des Sciences), the bacillus is found in the urine in the early stages, and disappears with the fever; it may also be got from the skin at the later stages. The urine in scarlatina and in diphtheria shows a microbacterium and a micrococcus respectively, both quite different from the bacillus of measles.

PROLAPSUS RECTI TREATED BY LANGENBECK'S METHOD.—The *Medical Record*, Jan. 15, 1883, tells us that Turbin reports (*Med. Ob.*, Feb. 1882) two cases of prolapsus recti cured by the subcutaneous injection of *ergot* (*R extracti secalis cornuti aquosi*, 3 j.; *glycerini*, aque destill., aa 3 j. solve. A syringeful).

ALCOHOL AT MEALS.—Before quitting the subject of dining, it must be said that, after all, those who drink water with that meal, probably enjoy food more than those who drink wine. They have generally better appetite and digestion, and they certainly preserve an appreciative palate longer than wine-drinkers.—SIR HENRY THOMPSON.

POP-CORN, hard crackers, nuts and other similar articles, will relieve some cases of nausea during pregnancy.

NITRO-GLYCERINE (GLONOINE).—Dr. Frank has used a one per cent. solution of this drug, in one drop dose, successfully in the treatment of *angina pectoris*.

THE INDICATIONS FOR THE USE OF DIGITALIS.—In heart troubles are empty arteries, full veins (Fothergill). The bulk of urine is an index of arterial fullness, and tells whether *digitalis* is acting (Traube). *Digitalis* fills the arteries and empties the veins (Rosenstein).

TRAUMATISM AND TUBERCULAR MENINGITIS.—M. Polaillon (*Le Prog. Méd.*) reports the case of a woman, 41 years of age, who in the month of September sprained her ankle, but kept at hard work until the pains and inability to walk compelled her to desist. There were no pathological antecedents. On Jan. 12 she entered the hospital, and an examination showed a stiffness of the tibio tarsal articulation, and a false fluctuation due to the presence of articular fungosities. There were no ganglionic enlargements, and the general health was good. An incision was made into the foot on March 1, the fungous growths removed, and the calcanem scraped—antiseptic precautions being used. Toward the end of the month the patient complained of somnolency and vomitings, and died April 6, after showing symptoms of meningitis. At the autopsy there were found characteristic marks of tubercular meningitis; a few tubercles at the apex of the lungs; miliary tubercles in the peritoneum; fungous arthritis; osteitis of the calcanem and scaphoid, but no tubercles in these fungosities. The writer affirms that the influence of traumatism upon the course of tubercular affections may be either aggravating, ameliorating or negative. He had often known castration to ameliorate pulmonary consumption.—(T. M. S.)

THE COMPOSITION OF SEWER GAS.—What is "sewer-gas?" This term has been employed a long time by chemists, sanitarians, plumbers and others, to indicate the ordinary emanations from sewers; but recently certain gentlemen have taken exceptions to the term, denying that there is any such thing as sewer-gas "having a peculiar and definite composition." This is undoubtedly true, and it is probable that no intelligent man or educated physician ever thought otherwise.

What has been called "sewer-gas" is composed of air, vapor and gases in constantly varying proportions, together with living germs—vegetable and animal—and minute particles of putrescent matter. In short, it is composed of whatever is sufficiently volatile or buoyant to float in the atmosphere, and in consequence of which buoyancy it is permitted to escape through the various sewer outlets. The term is, in this sense, well understood, and it is, moreover, just as correct as would be the terms sewer-vapor or sewer-air, which some have chosen to substitute for it.

It is proper here to add that the offensiveness of odors is no test of their insalubrity, but that the most fatal germs are often conveyed in an atmosphere which is odorless. The absence of unpleasant odors, therefore, furnishes no proof that the air does not contain sewer emanations.—*Dr. Frank H. Hamilton, in Popular Science Monthly for November.*

STYPTIC, SALICYLATED AND CARBOLATED COTTON.—The above various forms of cotton lose their medicinal qualities by exposure to the atmosphere. They should be prepared at the time of using. The following formulas are given:

Styptic Cotton. Take of *persulphate iron* one part, water two parts; soak cotton in this, and wring until in a proper condition to apply.

Salicylated Cotton. Stir *salicylic acid* in water, temperature of summer heat, adding acid until it will dissolve no more; wring until in a proper condition to apply.

Carbolated Cotton. Dissolve *crystal carbolic acid* in thirty-three parts water; soak cotton in this, and wring until in proper condition to apply.

FISSURED NIPPLES.—Monti recommends that the nipples be anointed with a freshly-made solution of *gutta percha* in *chloroform*, just enough of the latter being added to make the solution fluid. As it dries it forms a protecting pellicle, which does not come off even after suckling.

A GREAT INVENTION.—A petition for letters patent has been filed at Washington, for a contrivance for preparing and applying medicated electricity. It is constructed with two cells, connected respectively with a series of batteries, including the galvanic, faradaic and static currents, which will extract from a watery solution of a drug or chemical the active principle of the said drug or chemical, which active principle will at the same time become amalgamated with the electric fluid, and may in this manner be passed through the human body, producing the usual effect of the drug or chemical employed. The inventor claims that he can introduce into the circulatory system, *opium* or *morphine*, and produce instant sleep. That he can introduce the active principle of *Epsom salts*, with actual results to follow in less than thirty seconds. That he can sit in his office, and hold conversation with a patient in an adjoining county by means of the telephone, and that he can then, by a system of wire works, place him under medical treatment by introducing into him his medicated electric fluid or current. That he can also saturate the electric fluid with the elements of disease contained in the cow-pox virus, and thus vaccinate people at any distance; either one or fifty miles distant, and perhaps at 1,000 miles distant.

BROMIDE ULCERS.—Dr. E. C. Seguin reports two instances of ulcers on the legs resulting from the bromide treatment. These ulcers were large, and were elevated quite uniformly above the skin. Their edges were abrupt, almost vertical, with no signs of cicatricial action. The floors were firm and grayish-red, with here and there an adherent crust. The secretions were fetid, sanious and puriform, and the ulcers bled upon being touched with moderate violence. So firm was the tissue of these ulcers that it did not look like ordinary granulation tissue; it was composed of large masses, and at several points presented a slightly villous, or rather papillomatous appearance. These ulcers looked like epitheliomata; but in each case they were symmetrical, and the microscope proved that they offered no evidence of malignancy. They began as papules, became boils, and after discharging, degenerated into ulcers.

NOCTURNAL INCONTINENCE.—I have had many cases of this weakness cured with *belladonna*, one very important indication for which is, the involuntary emission only takes place when *deeply asleep*, generally after midnight and toward morning. This is as characteristic of *belladonna* as the involuntary emission in the *first sleep* is certainly characteristic of *sepsis* and *causticum*; but *cina* and *phosphoric acid* possess this peculiarity to some extent.—Dr. Skinner; *N. A. Journ. of Hom.*, Feb., 1883.

LIABILITIES FOR INJURY TO PATIENTS DURING OPERATIONS. (*Scientific American*).—The decision of Judge McAdam, in a recent suit before the Marine Court of New York, brought by Thomas J. Kelly against the dentist Colton, to recover for injuries caused by allowing a piece of tooth, which was being extracted, to drop down the patient's throat while he was under the influence of laughing gas, is one full of importance, not only to dentists, but to general surgeons as well. It is alleged that the piece of tooth slipped from the forceps, and for four weeks thereafter the plaintiff was troubled with a cough until he finally expectorated the piece. The court held that while a patient was under the influence of an anesthetic which deprived him of the use of his faculties the operator was bound to exercise the highest professional skill and diligence to avoid every possible danger, and in this case it was the opinion of the Court that the circumstances shown were sufficient to carry the case to the jury on the question of damages.

The judgment appealed from was in favor of the plaintiff for \$500 damages, and the judgment was affirmed by the present decision.

LOOSENING INSTEAD OF DRAWING TEETH.—Dr. A. W. Smith, of Chicago, in the *Eclectic Medical Journal*, describes two cases in which by merely loosening an aching tooth he has completely cured the aching. In about three weeks afterward the teeth so loosened were again tight in their sockets and could be filled.

SIGNS OF CONVALESCENCE IN TYPHOID FEVER.—The occurrence of multiple superficial abscesses, and that of polyuria, are two signs of convalescence in typhoid, according to Dr. Chaffard in a recent communication.—*La France Médicale*.

LANDESBURG reports five cases of opacity of the lens after the use of pilocarpine.

DIARRHŒA.—Dr. Clark says that warm milk is used extensively in the East Indies as a cure for diarrhœa and general looseness of the bowels. A half pint every four or five hours will check a bad diarrhœa, pain in the stomach and dysentery. The milk should be warm, but not boiled.

MORE EXCLUSIVISM.—Ziemssen gives the recoveries in diphtheritic croup as five per cent. The Allegheny County (Pa.) Homœopathic Medical Society's Members report the recoveries under their treatment as 30 $\frac{2}{3}$ per cent. (*Vide Transactions of the Homœopathic Medical Society of Pennsylvania*, 1882.) What an "exclusive dogma" it is, to be sure, which thus *shuts out* the angel of death from those 25 additional homes!—*Hahnemannian Monthly*.

A SO-CALLED electric flannel has been invented in France by Dr. Claudat, who affirms that it is efficacious against rheumatism. This flannel contains, per kilogramme of wool, 115 grammes of oxide of tin, copper, zinc and iron. A series of threads of the tissues saturated with these metallic products are woven alternately with the ordinary threads. The flannel so prepared forms a dry pile. M. Drincourt, professor of physics at the Rheims Lyceum, and M. Portevin, of the polytechnic school, have proved independently, by very precise experiments, that Dr. Claudat's flannel liberates electricity, either by simple contact or (better) in contact with the products of transpiration when the tissue is applied to the body.

AN edifying and unique contribution to medical literature comes to us in the form of a reprint from the *American Journal of the Medical Sciences*. Dr. John L. Atlee, of Lancaster, contributes a valuable article on a case of strangulated hernia, complicated by a very extraordinary diseased spermatic cord; his son, Walter F., a case of ovariectomy, in which the expanded bladder was wounded, with recovery; and his grandson, Louis W., a case of congenital cyst of the back of the head, with serous contents, its cavity unconnected with that of the skull.

PSORIASIS AND VACCINATION.—At the last meeting of the American Dermatological Association, Dr. Rohé, of Baltimore, reported cases of psoriasis following vaccination. This interested me greatly, because I had just been studying a case of psoriasis completely cured by a re-vaccination.—Dr. T. F. Wood in *Journ. of Cutan. and Ven. Dis.*, March, 1883.

THORACIC DISEASES—SOME POINTS IN DIAGNOSIS.—J. Milner Fothergill, of England, in the *Medical Times and Gazette*, offers the following suggestions:

In all cases of thoracic disease it is well to count the pulse and respiration, and take the ratio.

When the ratio is preserved, yet both accelerated, it is well to take the temperature. When, however, the temperature is normal and both are not accelerated, then look for the reason why the one is.

When the pulse rises in rapidity while the respiration is normal, the condition of the left ventricle and the mitral orifice must be carefully examined.

But when the opposite condition is found—when the breathing is accelerated and there exists no obvious lung condition to account for it—then, depend upon it, the thoracic space is diminished from some cause, whether it can be discovered or not.

Not uncommonly it is correct to suspect some damming of the blood at the mitral orifice, which leads to an overfull condition of the pulmonic circulation, and the excess of blood limits the thoracic space. Then listen to the closure of the pulmonic valves; hear what they have to say. Your suspicions may be confirmed, and perhaps after a while a mitral whiff develops to settle the matter. Conversely, when you catch a mitral murmur, and the respiration is not accelerated nor the pulmonic valve sound accentuated, the lesion is small, no matter how loud the murmur.

Finally it is quite possible at times to apprehend mitral stenosis before a murmur is audible. Often the murmur is to be heard only when carefully sought for.

ALCOHOL used as a wash will check sweating of the hands or feet; acute disease where there is great exhaustion or prostration; pulse small and feeble; tongue inclined to be moist; gargle in diphtheria; inhalations will prevent hay fever. Diluted alcohol injected every two to four hours will cure gonorrhœa.

AMAUROSIS FROM CARBOLIC ACID POISONING.—A. Nieden (*Centralbl. f. Chirurg.*, Feb. 10, 1883) reports a case in which amaurosis, lasting for twenty-four hours and then gradually entirely disappearing, followed the washing out of a pleural sac for empyema with about 100 cc. of a three per cent. carbolic acid solution.

THERE recently died in a hospital at Buda-Pesth, so says the *Wien Med. Wochenschrift*, a woman aged 70, in whom no spleen was found. The autopsy showed that the organ had not been absorbed from disease, but that it had never existed.

IODOFORM FOR ASCARIS LUMBRICOIDES.—The *St. Petersburg Med. Wochenschr.*, Dec. 30, 1882, says that Dr. Schildowsky has employed iodoform successfully in three cases of ascaris, and recommends further trial of the remedy. He gives to an adult one grain with ten grains of bi-carbonate of soda three times a day, and a quarter of a grain to a child.

DR. LOUIS ELSBERG (*College and Clinical Record*) advocates physiological rest in throat affections of the larynx or vocal cords; he has resorted to tracheotomy to secure perfect rest, and with very brilliant results. In milder cases, sufficient rest can be secured by abstaining from talking for a period of time commensurate with the severity of the case.

MALARIA IN ITALY.—The Italian Minister of War has published a statistical map, based on the official reports from the different provincial governments about malaria, by which the extent and the intensity of this disease can be estimated. Italy counts 69 provinces, six of which only are completely free of this pest; in 21 provinces its ravages are most severe. It has been calculated that more than 40,000 soldiers every year have to pay their tribute to this terrible scourge. Malaria causes to the State an annual expense of two million dollars through the necessity of maintaining a number of hospitals expressly for malarial patients. The damage to the national wealth cannot be calculated, but is immense; hundreds of thousands of working people in their best age are seized by the disease, and large tracts of else fertile country have to be left uncultivated. A very remarkable feature is the progress and the greater violence of the disease since the construction of railways, which circumstance is ascribed to the necessary earth-cuttings and the baring of stagnant waters. There are, in fact, some lines along which the strongest, healthiest workmen or officials stationed there are unable to resist the attacks of fever; the consequence is that the requisite working staff can be kept up with great difficulty, in spite of the exceptional high pay allowed to the men.—*Scientific American*.

GAULTHERIA IN RHEUMATISM.—The oil of winter-green has been used in several of the hospitals for acute articular rheumatism, with results, it is claimed, superior to those obtained from salicylic acid or salicylate of soda. It is given in from five to ten drop doses, in milk, several times a day.

SALICYLIC PASTE.—Oscar Lassar recommends for cases of eczema which show an intolerance of ointments a paste composed of equal parts of ox. of zinc with starch powder or vaseline, to which is added two per cent. of salicylic acid.

ODOFORM is being used in cases of phthisis, in the form of pills (one grain of *iodoform*, two grains of *croton chloral*, one minim of *creosote*) and in the form of inhalation (twenty grains of *iodoform*, twenty minims of oil of *eucalyptus* or ten minims of *creosote*, and half an ounce each of *rectified spirit* and of *ether*). The result was increase of weight and of appetite, diminution of cough, of expectoration and of night sweats.

THE London *Medical Press* contains a very sensible article on methods of treatment, etc., which, we are glad to see, is in the direction of more careful individualization of cases, as well as of drugs. It says: "The study of symptoms and of therapeutics and the knowledge of *Materia Medica* was almost greater in former days than it is at present. Many methods of treatment were initiated in those days which were sound in principle, but which were greatly abused in practice, and the effects of which were explained manifestly upon false grounds when brought to the test of advancing knowledge of physiology, in the study of which the last half century has seen such immense strides. Erroneous explanations of their *modus operandi* and abuse led to their disuse, and finally they sank into obscurity, and practically became unknown. Here and there the fact that such methods had been in use is known; but the knowledge is confined to the few, and the practice is ignored by all till once more brought to light as the result of clinical observation and research by a new worker in the same field. Empirically the idea itself has been found true, though wanting the additional force and support of scientific explanation that possibly increased knowledge of the laws of life may be able to give it."

"Again, there is at all times a decided tendency to fashion in the treatment of diseases—*vide*, the changes that have taken place in the various forms of stimulants recommended; now port, then sherry, then claret, then whiskey and water, and so on through the whole range of hocks, burgundies, sparkling wines, beer, porter, brandy, gin, etc. Again, we recall to mind venesection, leeching, blistering, moxas, issues, the use of *mercury*, *iodide of potassium*, *salicylates*, and a host of remedies, every one of which is in itself most useful when used with proper discrimination and judgment, but which, each and all, have had their day of popularity, until brought into disrepute by being used without judgment, and, one may say, as a matter of routine in the treatment of cases for which they were altogether inapplicable. Even in the present day there is a wide and general abuse of the drug *quinine*, which is frequently prescribed by men who never take into consideration the fact that it is not always the most suitable tonic that can be given."

AMYL NITRITE IN SPASM OF THE GLOTTIS.—Dr. Joseph Williams, of Boston, caused almost immediate arrest of stridulous respiration in an infant suffering from glottic spasm by administering, slowly, ten minims of *amyl-nitrite*.—*Canada Med. & Surg. Journ.*

MISCELLANY.

—Indolent ulcers are said to be healed by sprinkling them with *lactopeptine*.

—A new homœopathic medical college has been recently founded in Calcutta, India.

—The N. Y. State Homœopathic Medical Society will meet at Ithaca, Sept. 11 and 12 next.

—Dr. McCosh, of Princeton College, laments what he terms "the excessive indulgence in athletics."

—Dr. Ogilvie Grant reports a case of rupture of the heart occurring during sleep. The organ was fatty.

—*Kairine* is the latest antipyretic proposed as a substitute for *quinine* and claimed to be free from local irritating qualities.

—Correspondents will confer a favor by carefully revising their manuscript, only writing on one side of the page and always with pen and ink.

—The University of the City of New York has conferred the degree of doctor of laws on Professor Alfred L. Loomis, of the Medical Department.

—Dr. T. M. Strong, Chief of Staff, reports 872 patients treated at the Homœopathic Hospital, W. I., during June, with a death rate of 3.21 per cent.

—CORRECTION.—In our report of the American Institute meeting on page 124, second column, line 29, read *one and one-half milligrams* instead of grams.

—In graceful recognition of the donation of his collection of books to the Congressional Library, a marble bust of Dr. J. M. Toner has been ordered by Congress.

—It is stated that lemons may be preserved by the very simple process of varnishing them with a solution of shellac in spirits of wine. Fresh lemon juice is thus obtainable at all seasons.

—The American Association for the advancement of science holds its thirty-second annual meeting at Minneapolis, Minn., August 15, 16 and 17. Professor C. A. Young is the president-elect.

—MEDICAL EDUCATION VS. MEDICAL ETHICS.—The Bellevue Hospital Medical College announces itself as adhering to the old code, but requires no preliminary examination of its matriculants.

—For some months yellow fever has prevailed extensively at Vera Cruz, especially among the Europeans and Americans. It is said that 1,000 deaths have occurred within the past two months.

—The *Medical Call* has been discontinued, evidently from lack of support.

There can be no demand for so many medical journals, and the principle of "the survival of the fittest" will sooner or later prevail.

—Soda water fountains are not so harmless as they seem. Recently a fountain burst with terrific explosion, and we have a report before us of another whose contents was heavily charged with copper. Moral.—Beware of soda water and its fountains.

—The tax upon proprietary medicines ceased July 1st. Most of what did go into the hands of the Government will now enrich the owners of patent cure-alls. We trust that they will be able to pay their religious weekly supporters with increased liberality.

—The American Hom. O. & O. Society, at its recent meeting, elected the following officers for the ensuing year: President, Dr. F. Parke Lewis; Vice President, J. A. Campbell; Secretary and Treasurer, Chas. Deady. The next meeting will be held at Deer Park, Md.

—If we would be certain of a favorable result from the frequent repetition of *aconite* in any dose, during a febrile movement, there must be present in the case *hot, dry skin, restlessness, and anguish, and incessant thirst*, with the rapid pulse, or else it will fail to be of service.

—Physicians who used to prescribe *bromide of soda* or *potassium* for sleeplessness now urge their patients to take beef tea instead. If beef tea cannot be easily procured, hot water with an infusion of hops or mint may be substituted, or even hot water alone will quiet restlessness and induce sleep.

—A German doctor recommends bread made with sea water as a wonderful remedy against scrofula and disorders resulting from insufficient nourishment. Sea water ought to stand twelve hours before being used for making dough, in order to free it from impurities. Bread made with it has no unpleasant taste.

—At the last meeting of the American Medical Association, while the papers of the Obstetrical Section were under discussion, Dr. T. A. Reamy, of Ohio, said that if there was anything that was an abomination, and ought to be banished from obstetrical practice as a source of great danger to both mother and child, it was *ergot*. (Applause.)

—THE JOHNS HOPKINS MEDICAL SCHOOL.—It is probable that the medical department of the Johns Hopkins University will be opened about the first of October. Two of the university professors, Dr. Remsen and Dr. Martin, have been assigned, respectively, to the chairs of chemistry, and physiology, and Dr. Billings, of the army, has been invited to become the professor of hygiene.

—The *Homeopathic Leader*, a new aspirant for professional favor, edited by Walter Yeomans Cowl, M.D., is published at 36 West 21st street, at four dollars a year. The poetic salutory of Dr. Helmuth is followed by a number of carefully prepared scientific articles, most of them from the pen of gentlemen connected with the N. Y. Homeopathic Medical College, from which, we presume, it will be the organ of that institution.

—That intensely regular journal, the *Louisville Medical News*, says that "a Cincinnati medical journal, in an editorial notice of the distinguished English physiologist, Prof. W. B. Carpenter, expressed surprise that he should be a member of the Unitarian Church, as among his (the editor's) acquaintances of professors of that faith, he knew no one who was not a homœopathist." What a wonderful bit of news! How is it with Oliver Wendell Holmes?

—A PUGILISTIC PROFESSOR.—According to the daily press, the University of Pennsylvania can boast of having the only pugilistic professor in the country. The account does not state what he is professor of, but we should judge it must be that of *pugilism*, consequently the college must have added a branch to its curriculum, and hereafter we may expect to find its graduates more pugilistic than ever. Perhaps the code question may have had something to do with this new departure.

—LIMITATIONS OF THE HOMŒOPATHIC LAW.—Dr. H. Thomas writes to Dr. Alfred C. Pope, apropos of the latter gentlemen's recent remarks on this subject in the *Homeopathic World*, that he can at the present moment recall two instances of the treatment of gall stones by small doses of medicine, both of which were promptly relieved by *hydrastis canadensis*, fluid extract, in drop doses. One of these patients has never suffered from gall stones since taking the remedy, now five years since.

—THE NEW MEDICAL SCHOOL IN BOSTON AND "SARCOCOMY."—On Monday last, "The College of Therapeutics, being the medical department of the American University," was formally opened. The medical department of this great institution, by the way, is the only department to be opened at present. The principal address was made by Dr. J. R. Buchanan, the president. He states that the college will have the scientific basis of sarcocomy, a revelation of the philosophy of the human constitution, explaining the relations of soul, brain, and body. It is, perhaps, unnecessary to remark that the university hopes to issue diplomas, for a consideration, to a large number of graduates.—*Medical Record*.

—Ernest Bruno de Gersdorff, M.D., of Boston, died suddenly on June 28, in Pleasantville, N. Y. Doctor de Gersdorff was born in Eisenach, Germany. His father was one of the ablest and most respected members of the Court of Saxe-Weimar, where he filled the position of a judge for fifty years, and was a warm friend of Samuel Hahnemann. Dr. de Gersdorff went to Boston in 1865, and has practiced there since. When the Boston University School of Medicine was established in 1873, he was called to the chair of Pathology and Therapeutics.

—Catarrh, from which there are said to be ten million sufferers in the United States alone, can scarcely be considered as a true disease, but rather as the effect upon the average nasal membrane of climatic causes, heat and cold, dryness and moisture, too rapidly alternating and too excessive for the average nasal membrane to resist successfully. The nose that is catarrhal at Boston may be healthy in Philadelphia, or may suffer severely in the latter locality, and be cured by a sojourn in the Southern States.

—Among the various institutions which, for the relief of suffering and disease, are supported in the Empire State, the Homœopathic Asylum for the Insane, at Middletown, N. Y., holds a conspicuous place. As the only known existing institution of its kind in the country, or indeed in the world, it stands alone, in its methods of treatment and in its statistics of successful amelioration of the mentally afflicted, the most advanced beacon light in the constellation of medical science.—*Frank Leslie's Illustrated Newspaper*, April 28, 1883.

—Morire, the celebrated tenor, has just become an incurable lunatic. He was able to whistle with as much force and intensity as a railway engine, and he practiced this singular art until it became a mania with him. He has been punished by police courts for thus disturbing the public peace, and on one occasion, when provoked with his audience at the Grand Opera, he treated them to his loudest and most prolonged whistle, and in return was cheered to the echo by the good-natured Parisians. His present delusion is that he only exists for the purpose of surpassing all similar noises.

—It has been intimated that the Michigan University may discontinue medical teaching altogether, and we hope the rumor may prove true, for we have too many medical colleges. The *odor medicorum* from the Northwest has been anything but agreeable for some time, and the best way to avoid it is by abolishing the whole institution which is responsible for it. Should the institution see fit, however, to continue its medical curriculum, we hope it may have the courage to unite its forces into one department, which shall give a complete education, irrespective of creeds or dogmas, and we have no doubt suitable men can be found to fill the chairs under such circumstances.

—CARLYLE'S HATRED OF ISMS.—Bring him the most plausible theory, the most magnanimous idea in the world, and he is cold, indifferent, or openly insulting; but bring him a brave, strong man, or the reminiscence of any noble personal trait, sacrifice, obedience, reverence—and every faculty within him stirred and responded. He is a doctor who would cure the patient not by medicine, but by a heroic regimen—the cold plunge and the bastinado. Dreamers and enthusiasts, with their schemes for the millennium, rushed to him for aid and comfort, and usually had the door slammed in their faces. They forgot it was a man he had advertised for, and not an idea. Indeed, if you had the blow-fly of any popularism or reform buzzing in your bonnet, No. 5 Cheyne Row was the house above all others to be avoided.—*John Burroughs, in the August Century*.